SUMMARY

OF THE

IMPROVEMENTS AND DISCOVERIES

IN THE

MEDICAL SCIENCES.

ANATOMY AND PHYSIOLOGY.

1. *Colouration of the Blood.*—(*L'Experience*, 4 July, 1844.)—M. Scheerer is led by his experiments to refer the difference in colour between venous and arterial blood to the different refractions of light produced by the different forms of the corpuscles; their form being biconcave in arterial blood, and spherical or biconvex in venous blood. The microscope shows, that oxygen and the neutral salts, in producing the bright red colour of the blood, cause the blood-globules to assume a biconcave form; whilst water and carbonic acid, which render the blood dark, also cause the blood-globules to assume a spherical or biconvex form.

2. *Researches on the Structure of the Uterus.*—A recent No. of the "*Journal de Chirurgie*" contains an account of some interesting researches on the anatomy of the uterus, by M. Jobert de Lamballe.—M. Jobert's inferences from his researches are as follows:

1st. The proper tissue of the uterus is not fibrous yellow tissue, but muscular tissue, and that at all periods of life, and in all animals.

2d. In pregnancy the uterus is merely in a state of muscular hypertrophy.

3d. The uterus is formed by one muscle and not by several.

4th. There exists an uterine mucous membrane, but without epithelium.

5th. The direction of the uterine fibres shows how they act in freeing the uterus from its contents. The longitudinal layer of fibres, which originates at the fundus and is inserted into the neck and vagina, tends to diminish the length of the uterus; whilst the semicircular fibres by their action diminish its cavity in every sense. The longitudinal and annular fibres of the Fallopian tube explain the mode of progression of the product of conception, and those which surround the uterine vessels appear to diminish, by their contraction, the rapidity of the circulation, and to prevent hæmorrhage during parturition.

The fibres of the single muscle, which forms the uterus, are arranged, according to M. Jobert, in layers, and present the following direction:

The longitudinal superficial fibres, which may be called median from their position, are seldom seen on the anterior surface, but are constantly met with on the posterior, where they constitute two thin superincumbent layers.

1st. Posteriorly, they begin at the fundus of the uterus, and end at the uterine extremity of the vagina, to which they become attached, with the exception of some few that terminate on the neck, above the opening of the vulvo-uterine canal. They adhere by one surface to the peritoneum, by the other to the oblique fibres.

2d. The anterior superficial fibres do not pass along the entire extent of the uterine parietes, but cross each other before they arrive at the round ligament of the opposite side. Some contribute to form it, whereas others pass behind,

consequently, they consist of the binoxide of protein. In all these, therefore, the protein has become richer in oxygen than when it existed in the state of fibrin. It results from this, that protein may become hyperoxygenated while circulating with the blood. M. Mulder thinks it likely this oxygenation during life is confined to the fibrin alone, and does not extend to the albumen, seeing that when the albumen is boiled, it only forms a tritoxide, but no binoxide. These oxides of protein are found in the healthy blood at all times, but are in much larger proportion during inflammation. The hæmatosin of the blood is not, therefore, the only oxygen carrier, seeing that the fibrin at the lungs is converted into the binoxide of protein, (or epidermose of Bouchardat,) and into the tritoxide, (or gelatin of Bouchardat.) As these principles exist in inflammatory blood in much larger proportions than in healthy blood, it follows that the blood, during inflammation, contains more oxygen, and that a greater amount of oxygen is consumed. It would appear, from M. Mulder's and M. Bouchardat's researches, that it is the tritoxide (or gelatin) which is procured from the fibrin in largest quantities during inflammation; and, as Mulder's researches show that albumen is as easily resolved into this substance by boiling as fibrin itself, it seems to be a just conclusion that, during inflammation, this tritoxide is formed from albumen as well as fibrin.

All remedies which are intended to subdue inflammation must, therefore, act by tending to diminish the quantity or prevent the formation of the oxy-protein; and the known antiphlogistics undoubtedly act in this way. Blood-letting, by directly diminishing the quantity of the oxy-protein, acts as an antiphlogistic. Purgatives act in the same way, by increasing the secretions into the digestive tube.

M. Mulder thinks that the presence of these oxides of protein in arterial blood explains how the large amount of oxygen absorbed from the air may be disposed of—an amount quite disproportioned to that of the hæmatosin, supposed, till now, to be the sole oxygen carrier. These oxides of protein are carried by the circulation to the extreme parts, and there, in the act of secretion or nutrition, deposit their oxygen, which unites with matters already existing in the body, and forms the carbonic acid given off during expiration. Further experiments must determine whether, after this, the protein returns by the veins as fibrin or albumen. If the oxides of protein, once formed, do not, in circulation, resume the forms of fibrin or albumen, then they will serve for the formation of the cellular tissue, of the tendons, of cartilage, of the osseous system, &c., whilst the unchanged fibrin and albumen will contribute to the formation of muscle. In this case the functions of the lungs and liver will be to eliminate from the body those substances taken as aliment which do not furnish protein or its oxides.—*Edinb. Med. and Surg. Journ.*, Oct., 1844, from *Annalen der Chem. und Pharm.*, vol. xlvii.

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4. *On the Causes which determine the Sex in Generation.*—Many facts have tended to prove that, in the act of generation, it is the individual who is the strongest who regulates the sex of the progeny. M. Moreau, from long observation, has not only arrived at this conclusion, but thinks that, to a certain extent, a boy or a girl may be got at will by weakening or strengthening the father or mother previous to the act of generation. M. Moreau states that, acting on this rule, he has seen in numerous cases his advice followed by the desired effect.—*Ibid.* from *L'Expérience*, 4 July, 1844.

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5. *Influence of Heat and of Stoves on Animal Life.*—The experiments of M. Magendie have demonstrated that the temperature of no animal is capable of being increased beyond 9° Fahr., whatever be the temperature of the air or fluid to which it may be exposed. Thus two rabbits, whose natural temperature is 102° Fahr., were severally placed in stoves, the one heated to the temperature of 140°, the other to that of 212°. After a short while the temperature of both rabbits rose to 111°, that which was in the hottest stove being the first to attain that temperature. In none of his experiments did they ever acquire

and terminate on the lateral regions, where they cross also those of the posterior region.

3d. There are other superficial fibres, only evident during pregnancy, which are destined to the Fallopian tubes and to the ovarian ligaments. Some originate at the fundus of the uterus, unite to those which contribute to form the Fallopian tubes, and pass on to the anterior part of the ovarian ligament. Others, more numerous, originate from the posterior surface of the fundus of the uterus, and pass on to the same ligament. Lastly, a few transversal fibres from the posterior surface form its inferior part. The numerous fibres which pass on to the Fallopian tubes originate at the fundus of the uterus, and form a thick fasciculus, which divides into two secondary fasciculi destined one to the ovarian ligament, the other, more voluminous, to the Fallopian tube. Some fibres separate from the common fasciculus, and lose themselves in the cellular tissue which separates the Fallopian tubes from the round ligament.

The deep fibres are very visible when the uterus has undergone rather lengthened boiling. They all evidently present a semi-circular direction, are rather oblique, and only differ from those above described by their smallness, and by their belonging exclusively to the body and to the neck of the uterus. They cross each other on the median line anteriorly and posteriorly, as also on the sides, so as to produce a kind of net-work. Their thickness varies as they approximate the internal surface of the uterus, where they appear to describe circles exterior to the internal membrane. There are annular fibres along the Fallopian tubes, which do not entirely encircle it and are deep-seated. Lastly, the blood-vessels are encircled by fibres similar to the deep muscular layer which surrounds the intestinal canal.

The uterine neck is formed by fibres which constitute semicircles, and decussate without mingling. This semi-circular arrangement is more evident in women who have had children than in others. Do the fibres of the neck mingle with those of the superior portion of the vagina? It has appeared to me that the vagina attaches itself to the proper substance where the mucous membrane passes from the neck itself to the os tincæ. This insertion terminates abruptly anteriorly; posteriorly, on the contrary, it is continuous in every case with the longitudinal fasciculus.

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3. *On the Products of the Oxidation of Protein in the Animal Organism.* By M. Mulder.—As the purely chemical details of this long and interesting paper would prove of little value to any but a chemist, we confine ourselves to the important conclusions which M. Mulder draws from them.

When fibrin is boiled in water in contact with atmospheric air, oxygen is absorbed in quantities proportioned to the duration of the ebullition, so that at length the whole of the fibrin is converted into an oxide of protein. It follows from this that when meat is boiled or roasted, the nourishment is not introduced into the organism in the state of protein, but in that of two of its oxides, one the binoxide, being hard and insoluble, the other in the state of the soluble tritoxide. "These two substances," says Mulder, "are both absorbed from the digestive tube unchanged in composition." The tritoxide, or the portion rendered soluble by combination with oxygen, exists in the extract, or soup, of meat. As albumen does not undergo the same changes by ebullition, a tritoxide only being formed, an essential difference exists between giving roast or boiled meat and coagulated albumen as nourishment.

In inflammation, the blood contains a large quantity of the binoxides and tritoxides of protein. The substance which M. Bouchardat detected in the fibrin of blood, and named epidermose, characterized by insolubility in diluted hydrochloric acid, is, M. Mulder states, composed of the binoxide of protein. In fact, M. Scherer has remarked, that fibrin in contact with oxygen absorbs a quantity of that gas, not replaced by an equivalent proportion of carbonic acid gas. He has also remarked, that the fibrin of arterial blood, the inflammatory crust, that obtained by beating blood with a stick, that dried in the air, or macerated in alcohol, do not dissolve in the weak solution of muriatic acid; that,

7. *Researches concerning the Importance of Bile in the living Animal Organism.*—We are indebted to Prof. Schwann for an account of some interesting experiments, instituted for the purpose of ascertaining whether the bile is really essential to life. These were so conducted as to allow that fluid to flow out of the body without ever getting into the bowel. The means employed was ligature of the ductus choledochus.

The author contends that the experiments of Brodie, Tiedemann, and Gmelin, Leuret and Lassaigne, are of no physiological value as regards the present inquiry; inasmuch as if the ductus choledochus be simply tied, not only is ingress of bile into the bowel prevented, but the secretion is likewise stopped. Now the secretion may serve a double end in the animal economy; first, to remove certain matters from the blood; second, to elaborate a fluid destined, like the gastric juice, to exercise some peculiar action upon the nutriment. That the bile contributes to effect a change in the composition of the blood cannot be denied. Accordingly, if the depurative process performed by the liver be arrested, death must follow as surely as after ligature of the ureters.

To obviate the above difficulty, the author, while he applied the ligature, formed at the same time a fistula of the gall-bladder, having its external opening in the abdominal integument. Under such circumstances, if death ensued, it must be from absence of bile within the bowel, for the secretion is permitted to go on without interruption: those cases, of course, being excepted where a fatal termination has been the immediate result of the operation.

The following important practical inferences may be drawn from Prof. S.'s experiments. Out of 18 dogs whose ductus choledochus was tied, and fistula of the gall-bladder at the same time formed, two alone survived. In both, when killed, the ductus choledochus was found re-established. Of the other 16, ten died in consequence of the operation. In the remaining 6 death could not be assigned to that cause, but only to absence of bile in the intestinal tube. It may be, therefore, concluded that the bile is of vital import; that the liver does not merely serve, through the biliary secretion, to carry off certain effete matters from the blood, but that it at the same time elaborates a fluid essential to the animal economy. This is borne out, not only by a consideration of the six cases where the animals died without any other appreciable cause, but, likewise, of those in which the duct became restored and the dogs lived. There the emaciation continued up to a certain period, no doubt that of the re-establishment of the ductus choledochus: in one, symptoms of marasmus supervened exactly resembling those in dogs dying from want of bile, but which completely disappeared on the integrity of the conduit being regained. The ten cases in which another cause of death was discovered cannot be received in evidence, as it is probable that the privation of bile partly contributed to shorten life. This must be taken into account in every instance where an animal outlives the operation three days, as the effects of absence of bile are already appreciable before that date; if wasting occur earlier, it is probably the direct effect of the operation.

Death takes place even when the dogs lap and swallow the effluent bile; it cannot, therefore, be reckoned a substitute for that which, in the natural course of things, passes into the duodenum. On the other hand, the ingested bile did not seem to impair digestion.

Young dogs die as well as old ones, and probably sooner; thus, one died in seven days; and one, although eventually saved by reproduction of the biliary canal, manifested by the tenth day those marked symptoms of faulty nutrition which do not usually show themselves till a later period.

Death takes place amid symptoms of inanition or defective assimilation,—emaciation, muscular weakness, tottering gait, falling out of the hair; and these are the more prominent the longer life is prolonged after the operation.

There is considerable variation as to the period at which animals die from want of bile; thus, one young dog died within seven days, and another not before two months and a half had elapsed. It would appear, as a general rule, that adult dogs perish from want of bile in from two to three weeks after

more than 9° of heat. The same occurred with birds. When the animal acquires this temperature it soon dies; in which case the arterial blood is black as the venous blood, does not redden on exposure to the air, and has lost its coagulability.

The increase of temperature seemed to be attained chiefly through the skin, for when the head of an animal was confined in the heated stove, so that it breathed the hot air, the elevation of temperature was much less in an equal period of time than when the body was exposed to the heated air, and the head was out of the stove. Thus, a dog whose body was within the stove, but the head out, lived only 22 minutes; but another, whose head was within the heated stove, and the body out, lived 40 minutes. An animal placed in a dry heated stove loses weight, but the amount is proportioned to the length of time the animal remains within it, and not to the degree of heat, and the loss is no greater at a temperature of 212° than at 140° in an equal space of time. In stoves heated with moist air, M. Magendie, on the other hand, found, that instead of losing weight they often gained weight. He found, however, that stoves with heated moist air were borne with greater difficulty than those with hot dry air, the animals dying in them in a much shorter time.—*Ibid.* from *Ibid.*, 27 June, 1844.

6. *Researches on Alimentary Substances.*—MM. Bernard and Barreswil ascertained that, by injecting various aliments dissolved in gastric fluid into the veins of animals, they could ascertain their comparative nutritive powers. If the substance was capable of being assimilated, they found that it disappeared entirely from the blood, and could not be detected in the secretions, but that if it was not assimilated, it was passed off by the secretions, as by the urine. They found, that if alimentary substances were injected into the veins without having previously undergone artificial digestion in gastric fluid, they were not assimilated, but were passed off in their original state by the urine. When alimentary substances were mixed with gastric fluid, and artificially digested for a few hours previous to being injected into the veins, they were found to be assimilated as perfectly and as completely as if they had been introduced into the stomach. The first series of the experiments are alone as yet published. They refer to sugar, albumen, and gelatin.

Aqueous solutions of sugar, of albumen, and of gelatin from isinglass were injected severally into the jugular veins of three dogs. After three hours the urine of each dog was examined. In that of the first dog the sugar was found unchanged; in that of the second, the albumen was quite distinct; and in that of the third, the ordinary reagents manifested the presence of gelatin.

Similar quantities of these three substances were then digested at a blood heat, for about six hours, with recent gastric fluid taken from the stomach of a dog, and were then severally injected into the veins of three dogs. The urine was drawn from the bladders, and examined after three hours. In the urine of the dog which got the sugar, no trace of sugar could be detected. In the urine of that one which got the albumen, no trace of albumen was perceived. But in that of the dog which had the gelatin, that substance was found present in appreciable quantity.

Three dogs were then fed for some time with these substances; one with sugar alone, the second with albumen alone and the third with gelatin. The sugar and albumen could never be detected in the urine, but the gelatine was so invariably.

In order to test these last results still more accurately, MM. Bernard and Barreswil repeated them on themselves. After fasting they took sugar, but never could detect its presence in the urine. In a similar manner they took albumen, but it also could not be detected in the urine. When, however, they took gelatine, they always found that it was thrown off along with the urine.

May not this last fact explain why gelatin has been found experimentally not to contribute to nutrition?—*Ibid.*, fom *Journ. de Pharmacie*, June, 1844.

fibrin; 5th, free oleic and margaric acids; 6th, oleate and margarate of soda; 7th, cerebric acid; 8th, lactic acid; 9th, cholesterine, $\frac{5}{1000}$ of the weight of the lungs dried at 100°; 10th, water, the weight of which is to that of the substance of the lungs dried at 100° : : 82 : 18. In other words, the lungs dried at 100° are reduced to one-fifth of their primitive weight. The ashes of the lungs contain a considerable quantity of chloride and sulphate of soda, a small quantity of phosphate and carbonate of lime, and traces of silex and of oxide of iron.

If this analysis be compared with those which Berzelius and Braconnot made of muscular tissue, the difference will be found to be slight, and to have reference, principally, to the presence in the lung of several fatty acids, free, or combined with soda, and to the presence of cholesterine, and of a substance soluble in boiling alcohol, precipitated by cold—viz., cerebric acid. These differences are not very important, unless it be proved that they are constant and inherent to the nature of the tissues analyzed. Nevertheless, it is clear that the parenchyma of the lungs contains a considerable proportion of fatty substances, and more especially of cholesterine, which does not exist in muscular tissue.

The results of M. Boudet's analysis of pulmonary tubercles are confirmatory of the previous analyses of Wood and Preuss. Pulmonary tubercles contain, according to him,—1st, albumen; 2d, casein; 3d, a substance presenting the characters of fibrin; 4th, a substance soluble in boiling alcohol, (cerebric acid;) 5th, oleic and margaric acids; 6th, saponified fat; 7th, lactic acid; 8th, lactate of soda; 9th, cholesterine, 0.045, or $\frac{1}{20}$th of the weight of the dry tubercles. The ashes, like those of the lungs, contained soluble salts; chloride of sodium and sulphate of soda; insoluble salts; phosphate and carbonate of lime; silex and oxide of iron.

The composition of mesenteric tubercles, as also that of the tubercles of the bronchial glands, was the same.

The most remarkable fact demonstrated by the above analysis, is the large quantity of cholesterine which tubercles contain. This substance is also found in biliary calculi, in tumours of the brain and of the uterus, in ovarian cysts, and in most of the pathological productions developed in the parenchyma of our organs, thus showing a kind of analogy between the composition of pathological productions.

The development of an excess of fatty matter in the organization is also remarkable, when we consider that the physiological function of the fatty substances which exist in the blood appears to be to contribute to the production of animal heat, by the slow combustion of the carbon which they contain, and to become converted into carbonic acid during respiration. This being the case, it is easy to understand how imperfection in the respiration may coincide with an excess of fatty matter in the organization. The fatty state of the liver in many patients labouring under phthisis is worth noticing, in connection with these ideas. The following is the analysis of the liver thus degenerated, as compared with the healthy liver:—

	Fatty liver.	Healthy liver.
Water,	55.15	76.39
Animal matter, dried at 100°,	13.32	21.00
Saponified fat,	30.20	1.60
Cholesterine,	1.33	0.17

M. Boudet has comprised in his researches the composition of tubercular matter in its subsequent transformations. When softened, it presents an alkaline re-action; treated by water, it gives a dissolution partly coagulable by heat. After the separation of the albumen, there remains a liquid which is precipitated by acetic acid, like milk, and which, evaporated at a mild heat, gives rise to the formation of pellicles similar to those which form on milk. In order to fully ascertain the identity of this substance with the casein of milk, M. Boudet precipitated comparatively, by acetic acid, a certain quantity of cow's milk,

the operation. Now it is known that dogs can live for nearly a month without any kind of nourishment. (*Müller's Physiology*, Bd. I., p. 477.)

In order to account for those cases in which, after the animals had apparently recovered, there was a renewal of the emaciation, and death, it may be assumed that at some advanced period, in consequence of local injury by a blow or leap, the newly-formed texture has been ruptured, leading to inflammatory exudation within, and closure of, the previously pervious canal, whereby the supply of bile has been cut off.

The following is the author's summary of results:—

1st. The bile is not a mere excrementitious matter, but is, after being secreted, of vital necessity.

2d. Bile is alike indispensable to young and old animals; indeed, the former seem to bear its want less than the latter.

3d. When the bile does not get into the bowel, its absence is generally perceptible in dogs by diminution of weight about the third day.

4th. When the bile is prevented from reaching the bowel, adult dogs usually die after two or three weeks, sometimes earlier.

5th. Death is preceded, as above stated, by signs of deficient nourishment, great wasting, muscular debility, falling out of the hair, together with slight convulsions during the agony.

6th. The bile which naturally flows into the duodenum cannot be replaced by that which the animals lap and take into the stomach.

7th. The bile so swallowed does not seem to interfere with the process of digestion.

The author proposes to extend his experiments, with the view of ascertaining whether the efficacy of the bile depends upon its being a solvent of certain articles of nutriment.—*London Med. Gaz.*, Aug., 1844, from *Müller's Archiv.*, 1844, No. 2.

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8. *Gunshot Wound of the Anterior Cerebral Lobes.*—Dr. Blaquiere, of Mexico, in a communication to the French Academy of Sciences, gives the details of a gunshot wound, involving the anterior cerebral lobes, which presented considerable physiological interest. A child playing with a loaded pistol accidentally discharged it. The ball struck his younger brother, four years and a half old; entered at one temporal region, came out at the other, and finally spent itself against the wall of the room. For six-and-twenty days after the accident, the child retained the entire control of its intellectual faculties. The memory and judgment were not in the least impaired; the child was as gay as before the accident, had appetite for food and slept tolerably well. The wounds were both situated about an inch and a half below the external commissures of the eyes. On the twenty-sixth day, symptoms of cerebral inflammation appeared, and the child died on the twenty-ninth. On examination, the anterior and superior region of the two hemispheres was found to have been traversed by the ball. The ventricles were intact. The entire sinus was the seat of suppuration; the meninges were inflamed. M. Blaquière considers this case to be fatal to phrenological doctrines, as the seat of several important phrenological faculties was destroyed, and yet no functional lesion whatever of the brain was observed.—*Comptes Rendus.*

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9. *Researches on the Chemical Composition of the Pulmonary Parenchyma and of Tubercles.*—These researches were undertaken by M. Felix Boudet, a well-informed chemist, in order to ascertain, if possible, the relation which exists between the normal composition of the lungs, and its pathological composition, when the seat of tubercles. According to M. Boudet, the parenchyma of the lungs, freed as much as possible from blood and extraneous substances, is formed of the following chemical elements:—1st, a substance susceptible of transformation into gelatin by ebullition in water, (cellular tissue;) 2d, a substance soluble in cold water, precipitated by nitric acid, coagulated by heat, containing albumen and hematosin; 3d, a substance analogous to casein; 4th,

13. *Lithontriptic action of the Gastric Juice.*—M. Millot has stated that the gastric juice, even when diluted with an equal portion of distilled water, possesses the property of disintegrating vesical calculi, so as to render them capable of being crushed by the slightest effort or pressure of the finger, by effecting the solution of the cement of organic matter which unites the layers of the calculus. M. Leroy d'Etiolles observes, that a similar idea was put forth by Sennebier in his translation of Spallanzani's work, when treating of digestion; he has ascertained that this liquid has no action on the calculi of oxalate of lime, scarcely any on those of uric acid, and very slight on those of phosphate of lime, magnesia, and ammonia. He has not observed any effects worthy of notice except upon the alternating calculi.

These effects are thus explained by M. Bouchardat:—The organic matter which cements the calculi of oxalate of lime and uric acid, is generally mucus which is not modified by gastric juice. The alternating calculi, on the contrary, having almost all been deposited in a diseased bladder, an albuminous substance is combined with the mucus, and this is attacked by the gastric juice, so that the layers of the alternating calculi separate with facility. Setting aside, therefore, the great difficulty that would be experienced in obtaining sufficient quantities of gastric juice, the effects to be expected from it are limited and equivocal. But M. Bouchardat adds, he is convinced that the question of lithontriptics, although at present but little advanced, is yet capable of a fortunate solution, and he hopes in a future Annuaire to return to this subject.—*Bouchardat, Annuaire de Thérapeutique*, 1844.

[The late Prof. Dorsey, of the University of Pennsylvania, in his inaugural thesis, published in 1802, relates several experiments instituted with the view of determining the solvent power of the gastric juice on calculi in the bladder. He was led to believe that this power was so feeble that the stone progressed almost as fast as the solution, and that its use would not supersede the necessity for an operation.]

14. *Cortex Frangulæ.*—Dr. Gumprecht, of Hamburg, has lately directed attention to this remedy. He observes, that it was known to the ancients as a valuable cathartic, and that Mathiolus advised the non-employment of the fresh bark on account of its great tendency to excite vomiting. Dr. Gumprecht's attention was first drawn to this remedy by the exceedingly happy cures which he saw effected with a nostrum, (the active principle of which was found to consist of the *rhamnus frangula*,) in hæmorrhoidal complaints. Dr. G. has now administered this remedy for twelve years, with very favourable results, in chronic abdominal complaints, particularly when combined with venous plethora and habitual obstruction of the bowels. The remedy invariably occasions copious evacuations, at the same time that it displays very powerful diuretic effects. It is best suited to such individuals as suffer from habitual constipation: (Dr. G. has proved this in his own person for the last ten years.) He employs the dried bark of the old tree, in the form of decoction, and asserts that it has no drastic nor heating effects, but, on the contrary, it occasions soft and moderate evacuations. The ancients generally administered it combined with aromatic substances. Dr. G. orders an ounce and a half of the dried bark to be boiled in two pints of water for two hours. When boiled down to one pint, the decoction is infused on three or four drachms of orange peel, and three drachms of pounded caraway seeds. In some cases, an ounce or an ounce and a half of Epsom salts may be dissolved in the decoction. In hæmorrhoidal complaints he substitutes two drachms of *milfoil*, with three drachms of caraway seeds, for the orange peel; and generally orders a cupful to be taken in the evening. By the next morning two or three free evacuations ordinarily ensue. Should this not be the case, the same dose is repeated at eleven o'clock, A.M. A smaller dose must be given to individuals of irritable and feeble habits, or to those who have a tendency to diarrhœa. In abdominal complaints, Dr. G. employs the *decoct. frangul.* for from three to six weeks; in habitual obstruction two or three cupfuls are given during the week. This decoction may be preserved for a very

and of the liquid obtained from tubercles. The two precipitates, placed in contact with carbonate of barytes, in order to saturate the excess of acid, and subsequently with water, gave two liquids perfectly similar in all their properties. Calcareous tubercles present a composition very similar to that of the residue of the combustion of tubercles themselves. They contain, however, but a small proportion of phosphate and carbonate of lime, whereas they present 70 per cent. of soluble salts; chloride of sodium, phosphate and sulphate of soda. It is rather singular that a mass of soluble salts should thus remain insoluble in an organ abundantly supplied with fluids.

In one of the lungs examined by M. Boudet, he found a considerable quantity of copper, enough to form a small button. The patient was a man sixty years of age, and stated, in the hospital register, to be an engineer.

M. Desportes remarked, that too much importance ought not to be placed, without farther research, on the chemical theories promulgated by M. Boudet. It must not be forgotten, that the formation of fat in the human economy was never greater than when all the functions were in perfect health, especially that of respiration—as, for instance, in children. In phthisis, the deposit of fat was by no means general, but confined to some few parenchymatous structures.—*Lancet*, Nov. 16th, 1844.

MATERIA MEDICA AND PHARMACY.

10. *Cotton as a Dressing to Blisters.*—Prof. Seidlitz employs carded cotton as a dressing to blisters in order to produce their rapid cicatrization. He first evacuates the serum, and then covers the part with a layer of cotton, which he allows to remain until the cure is accomplished.—*Journ. de Med. et de Chirurg.*, Aug., 1844, from *Petersburger Journal Fuer Natur und Heilkunde.*

11. *Mode of preparing the Valerianate of Zinc.* By M. Devay. (*Gaz. Méd. de Paris*, June 29, 1844.)—The fresh roots of valerian are distilled, when the valerianic acid comes over along with the essential oil. This oil is separated, and the distilled water has its acid saturated by carbonate of potash. Solution of caustic potash is also agitated with the essential oil, and both fluids are mixed together. The valerianate of potash not being volatile, allows the most of the water to be driven off, as well as that portion of the volatile oil which has not united with the alkali. When the valerianate of potash is sufficiently concentrated, it is introduced into a small retort, and a sufficient quantity of dilute sulphuric added to unite with the potash. Heat is then carefully applied, and the volatile valerianic acid distils over in a pure state, partly dissolved in a small quantity of water, partly as an oily hydrate. It is then mixed with carbonate of zinc, and the union aided by heat. It is then filtered, and as the fluid cools the crystals of the valerianate of zinc are deposited. The mother liquor is to be evaporated till all the salt is obtained.

12. *Croton Oil Plaster.*—M. Bouchardat recommends the following method of preparing croton oil plaster. Melt eighty parts of gum diachylon plaster at a very gentle fire, and, when it is semi-liquid, mix with it twenty parts of croton oil. The plaster which results is to be spread thickly on muslin. It will produce considerable irritation of the skin, and may be employed in all cases where revulsives are required. It does not cause such severe pain as many other counter-irritants; and it may be applied over an extensive surface, so that a derivative action may be established proportional to the irritation which is to be combated,—an indispensable condition in the employment of these heroic remedies. M. Bouchardat is fully of opinion that the croton oil plaster will be found available in the treatment of many chronic diseases, both of the respiratory apparatus, and of the abdominal viscera.—*Annuaire de Thérapeutique*, 1844.

with a wide mouth capable of holding four fluid ounces of spirit, and pour into it three fluid ounces of spiritus rectificatus, having a specific gravity of 0.838 at 60°. Then suspend the bag of kino by its string, attached to the neck of the bottle, just below the surface of the spirit, and close the bottle.

The bottle should be left at rest, and almost as soon as the kino is immersed its dissolution commences; in proof of which a bright red stream of tincture begins to descend, and for a short time remains at the bottom of the bottle, distinct from the colourless spirit above and around it; but in the course of a few hours the red stratum will have increased in thickness, and eventually ascended to the upper surface.

The tincture of kino thus produced will be perfectly clear, and its physical properties at the end of three or four days will correspond precisely with a tincture made with kino of the same quality, and spirit of equal density, mixed in the same proportions, and macerated together in a bottle for the space of fourteen days, according to the old method.

"Fine flannel or calico," Dr. B. says, "will answer the purpose of a filtering bag very well; and in this the dry solids should be loosely packed, so as to allow space enough for their expansion on being immersed in the spirit, and for the circulation of the latter through them."

The same plan may be followed in making infusions; but the macerating bag should be open as the coffee-biggin, and the boiling water poured on the solids to be infused in a vessel having a spout through which the infusion may be found when cold.

17. *Caroub of Judea in Asthmatic affections.*—The caroub is an accidental production like the gall-nut, resulting from the puncture of the pistacia terebinthus by an insect named aphis pistacia. It forms a species of capsule, the parietes of which are about the thickness of the head of poppies. It has an aromatic odour, and a resinous taste. It has been used for the last thirty years by the physicians of Vienna in the treatment of asthma, catarrh, bronchorrhœa, &c., and was first introduced into use by Dr. Wertheim. Dr. Hoffman, in a pamphlet lately addressed to the French Academy of Sciences, states, that he has found it principally beneficial in the treatment of patients of a nervous and lymphatic constitution, and in the early stage of the disease. M. Martin Solon, in his report to the Academy on the above-named paper, states, that the article is similar to the resinous and balsamic medicines in general use, and thinks that it may be usefully substituted for them, owing to its agreeable flavour. He says that the best way to use it is in fumigations, dry or moist.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

18. *Results of Observations on Small-pox in persons who had been vaccinated.*—These observations were made by Dr. Lossette, in the small-pox ward of the great hospital at Milan. Dr. L. first endeavoured to ascertain whether there was any relation between the vaccine cicatrix and its preservative power. With that view, having examined 420 subjects affected with small-pox after vaccination, he classed the cicatrices which they had in three orders, according to their physical characters: 1st, normal; 2d, imperfect; 3d, very imperfect cicatrices. In these 420, 231 had normal cicatrices, 124 incomplete, and 65 only very incomplete. From this it appears that the most regular cicatrices were far from constituting the most certain guarantee against an attack of small-pox.

But does a normal vaccine cicatrix render the consecutive small-pox less confluent? The following table answers this question in the negative.

long time without losing its efficacy, in well-stopped earthen-ware jugs.—*Med. Times*, Oct. 12, 1844, from *Buchner's Repertorium.*

15. *Mode of preparing some Narcotic Extracts in small quantities.* By M. SCHEIDEMANDEL.—Dry the herb, as, for instance, *hyoscyamus*, in a stove, at a moderate heat, and then powder. Put about four ounces of the coarse powder into a glass funnel, loosely stopped at the lower end with cotton; place over the powder a piece of white filtering paper, and upon the paper a layer of well washed sand, previously purified by muriatic acid. Pour alcohol, of 30 per cent., gradually into the funnel till the powder is partly moistened. Then cease, and, in half an hour, you will see that the liquid has slowly penetrated the whole mass, and the alcoholic solution will fall in the form of dark green drops into the vessel, over which the funnel is placed. When the dropping ceases, begin again instilling small quantities of alcohol, about half an ounce every quarter of an hour, and proceed as above till you have used eighteen ounces. Cover over the solution with a glass plate for the night, and begin next morning by infusing pure water, continuing till the liquid, which passes off, is no longer green, but brown; that is to say, till all the alcoholic solution has become exhausted, and nothing but a watery extract remains. As soon as you perceive this change, substitute a new vessel for the one containing the alcoholic extract. Continue during the day with the watery infusion, till the dripping fluid commences to be transparent; then pass through a small quantity more of spirit, and cover it over for the night. The alcoholic extract is now to be filtered and distilled in Gundermann's small steam apparatus, until a few ounces only of alcohol remain. Then put the beautifully green and thickish alcoholic extract, which results, into a porcelain dish, together with the watery extract, reduced to the consistence of syrup, and evaporate the whole at a gentle heat by the spirit lamp. Thus, an extract will be obtained, perfectly soluble in water, of a beautifully green colour, and certainly unsurpassed in efficacy by any extract prepared by other methods. The same process may be adopted in the preparation of *extr. belladonn, digital, conii, &c.* From four ounces of coarsely powdered hyoscyamus I obtained one ounce and six drachms of extracts.—*Ibid. from Ib.*

16. *On a New Method of making Medicated Tinctures.*—Dr. H. BURTON describes in the *Lond. Med. Gaz.*, (Aug. 30, 1844,) a method for making medicated tinctures, which seems to have advantages, not only over the old process, but also over the more recent French one of percolation. In the ordinary process of making tinctures, maceration and filtration are both necessary, which cause both loss of time and a waste of spirit. By Dr. Burton's process, maceration and filtration are simultaneously conducted; the solid being loosely packed in a bag, which is suspended just under the surface of the solvent, so that all parts of it are immersed, and a space left between its lowermost end and the bottom of the macerating vessel. In this process no shaking or stirring is requisite;—"as soon as the spirit begins to act on the solid, a coloured tincture will be seen to gravitate through the colourless and lighter spirit by which it is surrounded. In proportion to the rapidity with which the heavier tincture gravitates, a corresponding bulk of lighter spirit ascends, and is carried or forced into contact with the solid suspended at its surface. Thus, in a short time, a descending and ascending current will be established throughout the fluid, and will continue to move as long as the solid contains any soluble extract, or until the solvent has become saturated, and incapable of dissolving an additional quantity."

One of the best illustrations of this process, the author observes, is afforded by the phenomena which may be observed during the making of tincture of kino, with the proportion of ingredients directed in the London Pharmacopœia; a brief description of which will serve as an explanation of this new application of a principle long familiar to scientific chemists.

Take, for example, 126 grains of kino, in small fragments or coarse powder, and inclose them loosely in a calico bag, large enough to contain as much again, and secure the mouth of it with a fine string. Next choose a glass bottle, stoppered,

other simple vegetable principles have over crude preparations from the herbs or extracts in which they are contained.

The cases in which Mr. D. has employed it, are sore nipples, excoriations about the anus and scrotum, piles, leucorrhœa, atonic phagedenic sores, toothache, aphthous sores in the mouth, severe salivation and relaxed sore throat.

For *sore nipples* especially, Mr. D. has found it "invaluable." Every accoucheur knows what a source of wretchedness and illness these are to the young mother, and how difficult it often is to find a decisive remedy; but Mr. D. has never been disappointed in the use of tannin, except once, in a neglected case, with deep irritable cracks, for which it was necessary to use the lunar caustic. The form in which he employed it, is a solution of five grains in an ounce of distilled water; this is applied to the nipple on lint, covered with oiled silk.

For the itching excoriations about the anus and scrotum, which so much infest old men, he has used it with benefit, but prefers lemon juice as a local application. For piles, with mucous discharge, he has also found it of use, but he cannot say much on this point from his own experience.

"In one or two cases of lingering atonic phagedena," says Mr. D., "I have found it of some service, sprinkled thickly on the sore; but more particularly so in those aphthous ulcers which sometimes occur in the mouths of adults, from acidity of the stomach, and congestion of the liver. I may say that I believe it the best possible remedy for severe salivation, and for all cases of relaxed sore-throat attended with superabundance of mucus. It coagulates the mucus and enables the patient to get rid of it easily. Of course I do not use it to the exclusion of constitutional remedies; but of all the local means of making the mouth *comfortable*, I believe it to be the best.

"But of all the cases for which it is adapted, that common troublesome complaint, toothache, is that in which I believe it is most to be depended on. For this piece of useful knowledge I am indebted to my friend Mr. Tomes, and I have tested it by ample personal experience. It will often be found, as Mr. Tomes told me, that the gum around a carious tooth is in a spungy, flabby condition; a little piece of it, perhaps, growing into the cavity. The ache, too, is often quite as much in the gum as in the tooth itself. But, be this as it may, when the tooth aches, let the patient wash out the mouth thoroughly with a solution of carbonate of soda in warm water; let the gum aromd the tooth, or between it and its neighbours, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it in nine cases out of ten. I think that practitioners are to blame in not paying more attention to the cure of toothache; I am convinced that, in most cases, it is as curable as a colic or a pleurisy; the chief points being to open the bowels, and put the secretions of the mouth in a healthy state, and to apply some gentle astringent and defensative to the diseased tooth, till it is capable of being stopped by some metallic substance. I say emphatically a *fine* lancet, because the coarse, round, blunted tools that are generally sold under the name of gum-lancets, only bruise the gum, and cause horrible pain. The lancet which I use is sickle-shaped, cutting on both edges and finely ground; and if guarded with the middle finger of the right hand, it may be used in the case of the most unruly children, without any possible ill result."—*Prov. Med. and Surg. Journ.*, Oct. 9, 1844.

22. *On the Causes of Albuminuria.*—M. Fourcault, observing that suppression of the cutaneous exhalations was one of the fruitful sources of all diseases in every climate, and finding that the same morbid phenomena were manifested when the cutaneous secretion was suppressed in animals, by means of impervious coverings, was led to study the nature of these diseases. An alteration in the nature of the blood, sometimes dissolution of its organic elements, alterations of the secretions, deposits in various organs, local lesions, vascular engorgements like those which occur in tropical fevers, or in some of the severer ones of milder climates, were the usual symptoms produced by suppression of the

Eruption.	Confluent.	Discrete.	Very Discrete.	Total.
Cicatrix normal	83	91	57	231
" incomplete	53	49	22	134
" very incomplete	18	28	19	65
				420

Nor do the number of vaccine pustules offer any assurance of protection, as will be seen from the following table:

Eruption.	Confluent.	Discrete.	Very Discrete.	Total.
One cicatrix	30	30	16	76
Two cicatrices	26	35	22	93
Three cicatrices	40	38	20	98
Four and more cicatrices	48	65	40	153
				420

Does the liability to an attack of small-pox, after vaccination, result from the preservative power of the virus having become enfeebled by its successive transmissions? or to the prophylactic powers of this virus, being but temporary and limited to a certain number of years? Dr. L. adopts the latter explanation, and adduces, in its support, the following statistics of 1411 patients, observed in 1837 and 1838, all affected with small-pox.

Patients under 5 years of age	130
" from 5 to 10	101
10 " 15	151
15 " 20	203
20 " 25	282
25 " 30	216
30 " 35	160
35 " 40	68
	1411

If we consider that all these patients have been vaccinated in early life, and also the smaller number of individuals who attain the age of thirty years, these statistics would favour the view of Dr. Lossette, of the utility of revaccination.—*Gaz. Méd. de Paris*, May 11, 1844, from *Annali Univ. di Med.*, 1844.

19. *Nitrate of Silver in Chronic Diarrhœa.*—Drs. Bertini and Bellingiere, in obstinate diarrhœa and dysentery, have found great advantage from the use of enemata and of crystalized nitrate of silver. These enemata are prepared by dissolving half a grain of nitrate of silver in half a pint of water. The patient should retain the enema for some hours. If necessary, the dose of nitrate of silver may be increased to three grains for each enema.—*Terza Statistica Nosologica, &c.*, 1843, p. 37, quoted in *Annales de Thérapeutique*, Nov., 1843.

20. *Balsam of Copaiba in Chronic Bronchitis.*—The balsam of copaiba is a favourite remedy of Dr. Bellingiere, physician to the Turin Hospital, in chronic bronchitis. Prof. Bertini also attaches great value to it in the same disease.—*Ibid.*

21. *The uses of Pure Tannin.* By Robert Druitt, Esq.—In any case in which a vegetable astringent is indicated, Mr. Druitt believes that the tannin ought to have the preference. A simple solution of it, in distilled water, he says, is much more easily and quickly prepared, as well as much more elegant, than the ordinary decoctions or infusions of oak-bark, catechu, &c.; moreover, it may be prepared of uniform strength, and free from foreign inert matter, and is not liable to decompose quickly; in fact, it has all the advantages which the

	1.	2.	Health.
Water, - - - - - -	805·71	853·11	792·20
Solid matters of serum, - - - -	85·56	81·28	87·85
Fibrin and corpuscles, - - - -	108·73	65·61	119·95

"The decrease in the proportion of hæmatosine observed in persons who have lost large quantities of blood, and in anæmia from other causes, may, I am inclined to believe, be correctly explained on the same principle that applies to the above cases, and it is not difficult to understand how the antecedent condition, consisting in a loss of proper density on the part of the liquor sanguinis, is brought about.

"When large quantities of blood have been lost, the remainder of the circulating fluid absorbs water in order to maintain its bulk. The dry skin and extreme thirst observed in patients who have suffered from large losses of blood are doubtless indications of the necessity of supplying a sufficient bulk of fluid to afford the heart a stimulus to contraction; but when these cases have passed through the first dangers of hæmorrhage, the anæmia which follows cannot be regarded merely as the effect of dilution of the blood, for a cause exists in that fluid which interferes with the development of the corpuscle, and keeps up the anæmiated condition."

In cases of violent flooding, Dr. Lever has often observed the thirst abated by frequently sponging the body with water, and Dr. Rees thinks there can be little doubt of the advantage of this mode of treatment, not only as a means of allaying thirst, but of saving life; "for an increase," he says, "in the degree of rapidity with which water is absorbed during violent hæmorrhages may make that difference in the condition of the heart which turns the scale of life in favour of the patient; nor do we possess a better means of introducing large quantities of fluid into the blood than by applying it to the extensive surface of the skin; and the stomach, as is frequently the case, may be too irritable to receive liquids. The after-treatment of these cases, as indicated by theory, would consist in the exhibition of saline purgatives and meat diet, with the use of ferruginous tonic medicines to assist in the formation of chyle rich in an element necessary to the formation of hæmatosine.

"The efficacy of this plan of treatment has been long appreciated by practitioners, and its adoption is one among the many instances our profession affords of the discovery of practical truth as the result of lengthened and tedious experience, and without the assistance to be derived from physiology and pathology, which sciences, had they participated in the elucidation, would have enhanced the value of the fact, by enabling us to deduce general principles of treatment from the knowledge obtained, and have suggested important analogies not otherwise presentable to the imagination."

The various forms of anæmia which attract the attention of the practitioner, in many of which no very obvious cause for pallor can be ascertained, will frequently admit of explanation, Dr. R. considers, "if the principles above noticed be kept in mind, and inquiry made into all the possible causes which can produce a decrease in the specific gravity of the liquor sanguinis. It would appear," says Dr. Rees, "that this decrease admits of being brought about in one of three possible ways: 1st, by removal of one or more solid constituents from the blood; 2dly, by inactivity on the part of the exhalents, the skin, lungs, and kidney, which will so derange the balance between the ingested and exhaled fluids as to leave an excess of fluid in the blood; and 3dly, by an increase of the absorbent action of the skin.

"The first of these conditions is present in the morbus Brightii, while in cases of anæmia caused by excessive loss of blood, the first and third conditions exist. The latter, however, though tending to produce anæmia, in all probability merely takes place in order to preserve life; and we are not yet in possession of sufficient facts to enable us to decide how far it may exist in any other cases either as an accessory or sole cause of anæmia.

"If we examine the histories of anæmial cases, we frequently discover that

cutaneous transpiration. When the suppression was sudden, the disease was more severe; when more slow, the malady assumed a chronic form.

With regard to albuminuria, M. Fourcault determined, by actual experiment, that the disease could easily be produced by suppressing the cutaneous transpiration. In dogs, this disease was induced by covering the skin with an impermeable covering; and also by removing the skin, and then applying the impermeable covering.

Endeavouring to ascertain the material cause of this effect of the impermeable covering, M. Fourcault supposes that it is the excess of lactic acid which is then found in the blood, which reacts on the albumen, and gives rise to the production of albuminuria. Scrofula, tubercular deposits, caries, chronic thickening of the cellular tissue of infants, elephantiasis, lepra, phlegmasia dolens, &c., are all referred by the author to the same cause.

The following are some of the conclusions which he draws from all his observations. 1. The artificial suppression of the cutaneous exhalation gives rise to five orders of phenomena,—a complete alteration of the blood,—a marked lowering of the temperature,—increased secretions and effusions of different kinds,—local lesions and vascular engorgements,—alterations in the nature of the urinary secretion,—and lastly, albuminuria, which, however, can also, though very rarely, originate from a primary affection of the kidneys.

2. The introduction of the lactate of soda into the veins produces albuminuria, by favouring the excess of lactic acid in the blood.

3. When the acid secretion of the skin is suddenly stopped, it produces a marked change in the organic elements of the blood. This alteration is remarked in Asiatic cholera, in plague, yellow fever, and in some of the severer diseases of temperate regions.

4. When this secretion is gradually suppressed, a number of chronic diseases are produced, among which is remarked albuminuria.—*Comptes Rendus des Sc. de l'Acad. des Sci.*, 5th May, 1844.

23. *Researches on Albuminuria.*—Dr. Meyer, of Tubingen, from researches into the cause of albuminuria, has arrived at the conclusion, that it may be produced by an accumulation of blood in the kidneys, without any organic alteration of the structure of these organs; and that this accumulation is produced either by too large a quantity being carried there by the arteries, or by a partial stagnation taking place in the veins. In this way he accounts for the occurrence of albumen in the urine, in diseases of the heart and lungs. These conclusions were supported by five direct experiments he made on animals. In some he diminished the calibre of the renal veins, or of the cava, by means of ligatures put loosely around the vessels; in others, he tied the abdominal aorta below the origin of the renal arteries. In all these cases the urine became albuminous.—*Edin. Med. and Surg. Journ.*, Oct., 1844, from *Archiv. fur Phys. Heilkunde*, January, 1844.

24. *On the Pathology and Treatment of the Morbus Brightii, and various forms of Anæmia.* By G. O. Rees, M. D. (*Lond. Med. Gaz.*, Aug., 1844.)—The object of this paper is to direct attention to certain diseased conditions of the blood, in which a deficiency of hæmatosine is the leading characteristic, and to consider how far such morbid states may be regarded as identical with albuminæria in their humoral relations. "The increased quantity of water," Dr. Rees observes, "circulating in earlier stages of the morbus Brigbtii is no doubt caused by the discharge of albumen with the urine taking place as a constant symptom. Thus the liquor sanguinis is deprived of one of its most important constituents, and the watery condition induced will go on to the production of that secondary state in which the absence of hæmatosine from the blood becomes the leading feature of the disease. This change from the one state to the other is well known by the following analysis made upon blood drawn from patients suffering under the morbus Brightii; the first at an early, the second at an advanced stage of the disorder.

large quantities of the solid matters of the blood have escaped from the system in the form of leucorrhœal discharge, when the whole phenomena of the disease are explicable (at least so far as the pallor is concerned) on those principles which apply to the morbus Brightii. In other cases a difficulty exists in detecting any such cause for anæmia, and in those I am inclined to believe in the existence of the second condition above mentioned; and that the changes productive of anæmia have occurred in consequence of the exhalent power of the skin having become impaired.

"These cases are generally characterized by a weak pulse, the skin being peculiarly flaccid, and the surface cool, while large quantities of water pass off by the kidneys. A stimulating diet, ferruginous tonics, tepid baths, and cutaneous frictions, are here particularly indicated, and rapidly produce their beneficial effects.

"There is another class of anæmial cases, which, though seldom seen, are still sufficiently common to deserve attention; these constitute, in fact, a form of the morbus Brightii, but as they occur in young females slightly advanced beyond the age of puberty, and are accompanied by amenorrhœa, frequently escape detection, and are treated as chlorosis, while a more favourable prospect of recovery is entertained than would be the case were the true nature of the disease known to the practitioner.

"The long continuance of anæmia in young girls who have never suffered loss of blood, and in patients affected with morbus Brightii, who have never passed red corpuscles in quantity with their urine, are facts which, when considered in connection with the analysis of the blood in such cases, sufficiently show that the disease may be produced by an imperfection in those processes which are necessary to the genesis of the blood corpuscles. That this imperfection consists in a loss of the normal relation between the specific gravities of the liquor sanguinis and chyle, is but a necessary deduction from what we know concerning the chemical and physical conditions of these two fluids; for it is positively certain that the chyle, being of less specific gravity than the liquor sanguinis, must, as it passes into the venous system, act upon the red corpuscles so as to enter them freely; and it is equally certain that the nearer the liquor sanguinis approaches to the chyle in specific gravity, the greater will be the difficulty in supplying this ferruginous ingredient for the production of red colouring matter within the corpuscles. This being admitted, we must not forget that the anæmia caused by the positive abstraction of blood in large quantities, the bulk of which is supplied to the system by an absorption of water, is a diseased state greatly aggravated by the difficulty which must be experienced by the reproduction of red colouring matter, owing to the approach of chyle and liquor sanguinis to the same specific gravity; and our remedies should be chosen, as in other cases of anæmia, with this view. The water should be removed by purging, nutritious diet enjoined, and iron freely administered."

Dr. Rees finally notices a mechanical condition influencing this degree of pallor, and which forms an important element in the production of anæmia. "It consists in a change in the form of the corpuscles, producing a thickening of their edges as seen under the microscope, and exactly resembling a state always to be produced artificially by the addition of dilute saline solutions to the blood after removal from the body." This Dr. R. has frequently observed in the blood of anæmiated girls, and "it is doubtless caused by entrance of the too dilute liquor sanguinis into the globule at the commencement of the degeneration, rendering the form of the corpuscles such as greatly to interfere with their circulation through the capillaries, and thus contributing to the production of the pallor. As the disease advances, the corpuscles, however, are frequently observed pale and flaccid, the balance having been effected between the contents of the corpuscle and the liquor in which they float. In this stage, however, if the skin fail to discharge its function, or if blood be lost from the system, we must expect that the corpuscle will again become thickened; as, under these circumstances, the state of stasis is disturbed, and the liquor sanguinis will again enter freely, owing to its having become further degenerated by the addition of water."

Dr. Rees recommends the adoption of the same "plan of treatment in the early stages of the morbus Brightii that is found efficacious in chlorosis and the anæmia produced by hemorrhage, viz., chalybeate tonics, saline purgatives, and nutritious diet; being satisfied of the value of the plan, which, though not immediately calculated to remove the congested condition of the kidney known to exist in the complaint, is still of efficacy in preserving the normal state of the blood, and may thus fairly be considered as assisting in recovery. It will be obvious, from what has been stated above, that the removal of nephritic congestion should not be effected by bleeding in any form, inasmuch as it tends to produce the condition of blood which it is desirable to avoid, as a forerunner of the secondary evils of the morbus Brightii. Counter-irritation and dry cupping are the most desirable methods of relieving the kidney."

25. *Deaths from Small-Pox after vaccination in London.*—A number of deaths from small-pox reported after vaccination having occurred lately in the metropolis, a letter was addressed by the Registrar-General to the several metropolitan district Registrars, requesting information upon the particular cases that were entered in such terms. The Registrar-General submitted the following queries to the district officers. 1st. When was the vaccination performed? 2d. By whom was it performed, and was it seen afterwards, and did the medical man say that it had taken effect? 3d. Was there any mark left on the arm? 4th. State the name and address of the medical man who attended the patient in his last illness.

The answers to these queries having been duly received, they were forwarded to Dr. Gregory, Physician to the Small-pox Hospital, for his examination; and his conclusions in regard to them have been published from the General Register Office. Dr. Gregory says:

"I have carefully perused the details of thirty-four cases of small-pox proving fatal after alleged vaccination, which you have done me the honour to submit to me, and beg to offer the following short commentary upon them."

He then goes over each case seriatim, and gives the following summary:—

Cases incorrectly registered, - - - - - -	11
Cases too doubtful to be made matters of inquiry, - - - -	8
Undoubted cases of fatal small-pox after vaccination, in the adult, -	5
Cases of small-pox fatal in early life after vaccination, - - -	10
Total, - - -	34

The deaths of five adults after vaccination afford no scope for special comment. Similar cases have been recorded in all countries for many years past. But the deaths of ten children after vaccination is a new feature in the history of the disease, and therefore demands a special investigation.

"The ages of these ten children are as follows: 1 of 9 years, 1 of 8, 2 of 6, 1 of 5, 3 of 4, 1 of 3, 1 of six months.

"2. In all these cases the evidence of prior vaccination was such as to justify the Registrar in recording them as cases of fatal small-pox after vaccination.

"3. These children were vaccinated in different localities, showing that the source of the vaccine imperfection was not local.

"4. The respectability of the vaccinators, and the appearance of scars in eight of the recorded cases, forbid the assumption of entire irregularity in the vaccine process.

"5. How are these cases to be explained? Are we to suppose that the virus employed in these vaccinations was less energetic than that which was formerly in use; or is it that some change has taken place in the human constitution in the course of the last half century? It is unquestionable that such a series of cases occurring forty-four years ago would have had a material influence on the fate of vaccination. Now, with our ample experience of the benefits of vaccination, the fear is lest these cases should fail to attract that attention which may lead to ulterior benefit.

"6. In reasoning on these cases, it should be borne in mind that they are the first of the kind which have been brought before the notice of medical men. Similar occurrences may have taken place, but they have attracted no attention either here or abroad. No corresponding cases have been recorded in any of the quarterly reports transmitted from the provincial Registrars of England and Wales. Nothing parallel to them has occurred in the experience of the Small-pox Hospital. The earliest stage at which small-pox has there been observed to prove fatal is fourteen years, though several instances of the disease in a milder form have occurred at earlier dates.

"7. These considerations afford ground for supposing that lymph of an imperfect quality had been used in some, at least, of these instances. Whether this supposition be well or ill founded, whether it applies to the lymph now in use, or otherwise, may be doubted, but the occurrence of ten fatal cases among children in the metropolis in the short space of a few months demands the especial attention of all who are engaged in the practice of vaccination. It behoves them, as well for their own credit as for the credit of vaccination, to be extremely careful in the selection of vaccine lymph, and to be distrustful of the result wherever the course of the vaccine process has been irregular.

"8. These cases suggest the necessity of enforcing by law a medical certificate of the cause of death in every case of registry. With such a precaution, the irregularities in the register of deaths, already adverted to, never could have occurred. I feel assured that the medical profession throughout England would willingly co-operate in such a design if the legislature should think fit to ordain it.

"9. These cases further impress me with the great importance of restricting the number of those to whom the parochial system of vaccination (enjoined by the Vaccination Extension Act) is entrusted. I speak after twenty-two years' experience in the practice of vaccination; and I know that the choice of effective lymph requires much tact and discrimination, and that, except at vaccine stations, where considerable numbers congregate, such choice cannot be had, nor such knowledge acquired."—*Lond. Med. Gaz.*, Sept. 20, 1844.

26. *Valerianate of Zinc in Nervous Affections.* (*Gaz. Méd. de Paris*, 29 June, 1844.)—Dr. Devay, from numerous trials of the valerianate of zinc in neuralgic affections, has satisfied himself that it is a remedy of considerable powers, and deserves to be more generally employed. It appears, however, from the cases he has recorded, that its curative powers are confined to purely nervous affections. Its therapeutic virtues have been powerfully manifested in the nervous affections which accompany chlorosis, in tic douloureux, not depending upon an organic cause, in hemicrania, and even in some cases of satyriasis and epilepsy. It seems to act as a powerful antispasmodic, combining the powers of valerian and zinc. The dose is half a grain, two, three, or four times a day.

27. *Singular Case of Encephalitis.* By Dr. Guiseppe Perini.—The subject of this case was a Milanese lady, aged 15, previously in the enjoyment of the best health. She had menstruated twice, and at the time of the attack was within eight days of her third period. For some time previously she had been annoyed with shooting pains, noise in the ears, and nocturnal cramps. Sometimes, also, the movements of the limbs had not responded to the will; bright flashes had appeared before her eyes, and her usually tranquil slumbers had been disturbed with dreams. In the month of April of the past year, while at her dinner, she was seized with an irresistible desire to yawn, but it did not prevent her from finishing her meal, which she took as usual with appetite. But speedily the yawns became more frequent and continuous, till at length there was an incessant opening and shutting of the jaws, accompanied with a feeling of anxiety and distress, as if the yawns were not sufficiently frequent or deep to give relief. Loss of vision next came on, and accompanied the continual yawning, and this was succeeded by delirium, all in the space of twenty-four hours. When seen by the author, the following was her condition:—A previous bleeding had re-

moved the delirium;—she was seated, pale and exhausted-looking on her bed, the body inclined forwards, and yawned incessantly. An occasional expression of suffering escaped her, between the incessant respiratory movements; then, as if fatigued, she threw herself down upon her bed, but only to resume immediately her former position. She complained of a deep-seated obtuse pain in the head, which was increased on pressing the middle of the occiput; it was, however, neither very severe nor constant, and did not appear in any way connected with the alternations of the yawning. The sensibility of the body, excepting one part, where it appeared to be abolished, was on the whole rather augmented. The hands were the parts without sensibility, and were besides cold, blue, and could be pinched and irritated without its being felt. The power of vision was gone, and bright flashes of light darted before the eyes of the patient, whatever was the state of the light in the chamber. There was no convulsive trembling of the eyeballs, and no pain in them on pressure. The pupils were slightly contracted, but sensible to light. The sense of taste appeared normal; those of smell and hearing were intensely acute. The ticking of a small watch in the pocket, not heard by any one present, was so painful to the patient that the bearer was obliged to leave the chamber. The intellect appeared clear, the patient answering promptly, by signs, to all the questions that were asked of her. Sleep was entirely prevented by the continual yawning. The only peculiarity in the muscular apparatus, was an occasional shock affecting the left side of the body, by which means the forearm was forcibly bent upon the arm, and the arm raised upwards and outwards; the thigh and leg being at the same time similarly affected. There were also occasional cramps in the calf of the leg on the same side; the tongue was slightly coated, and the bowels inclined to be costive, but in other respects the digestive functions appeared to go on naturally. Urine natural, and passed without difficulty. The impulse of the heart was increased, and heard over a larger space than usual. The carotids and arteries of the head pulsated strongly, contrasting with the pulsations at the wrist, which were weak. The sounds of the heart and respiration were natural.

The delirium was, as stated above, at once removed by a bleeding, but the other symptoms continued unchanged for about thirty hours; when the pain, which had been confined to a single point of the head, extended itself gradually downwards, along the whole course of the spinal column, and became so excruciating as to render intolerable the slightest touch of the scalp or the processes of the vertebræ. At the same time the yawning suddenly ceased, and the patient fell into a state of profound sleep. Persevering efforts were made for the space of half an hour, to arouse her from this sleep, but in vain, when a sudden yawn awakened her, and she began to sing some music which she had seen before her illness. Next, she recited in French some fables she had learned in that language while at school, and concluded by translating them into Italian. And if any word had been improperly rendered, she began her translation again and corrected the error, just as if she had had a book with the right translation before her. This was the more remarkable as she had not manifested the same proficiency in the French language during health; and in music she had never been instructed, nor had she a natural taste for it.

The menstrual discharge appeared in the midst of this scene, and lasted two days, but without any change in the continued alternations of sleep, singing, French recitation, and translation of it into Italian. After four days the above phenomena began to come on less frequently, the yawns occurred seldomer, and some refreshing sleep was obtained. At length they occurred only twice in the day. The power of vision also returned gradually, and the sensibility of the surface became normal, and the symptoms left her after an illness of about eight days; in the course of which she had been largely bled, freely purged, salivated, and taken quinine. But occasional threatenings of a return, which assumed a periodical character, annoyed her for some days. By the end of April, however, she was completely cured, and at the time of the report had continued for some months to enjoy robust health.

Smith, of Edinburgh, announce they have discovered that a sulphate of iron, of proper constitution, is an effectual antidote to prussic acid.

To prepare a salt of the proper constitution, seven parts of protosulphate of iron, say seven half drachms, are required, four of which are to be formed into persulphate. This is done by adding to the solution a quantity of sulphuric acid equal to the half of what it already contains,—which for two drachms, would be twenty-three grains of acid of the density 1·845—and at a boiling heat, adding, at short intervals, small quantities of nitric acid till red nitrous fumes cease to be given off. The liquid is then to be evaporated in a porcelain basin to perfect dryness, by the heat of a water bath, stirring constantly with a glass rod till the excess of acid is thoroughly driven off. The operation will be more quickly finished in a bath of a saturated solution of salt. The perfectly dry salt is then to be dissolved in distilled water along with one and a half drachms of protosulphate of iron, so that the solution may amount to two ounces. This solution will not of itself precipitate prussic acid, but if a solution of an alkaline carbonate be previously added, containing a quantity just sufficient to take all the sulphuric acid from the iron salt, the prussic acid combines instantaneously with the iron, forming the very permanent and insoluble compound, Prussian blue. As the solution of the sulphate of iron contains in all nine equivalents of sulphuric acid, the same number of equivalents of carbonate of potash—the alkaline carbonate used by the Messrs. Smiths*—will be required to seize upon these and produce complete decomposition.

The proper quantity of the alkaline carbonate required for the exact decomposition of the iron salt, the Messrs. Smith state to be one hundred and forty-four grains; and, for the sake of simplicity, they dissolve this in the same quantity of water as the sulphate of iron. As each of the solutions contains exactly 960 minims, which by calculation should throw down 56·8 grains of real prussic acid, between 17 and 18 minims of each should separate one grain; and as the hydrocyanic acid of the London pharmacopœia contains two per cent. of real acid, 35 minims of each would be required to precipitate 100 grains of such an acid. The acid of the Edinburgh pharmacopœia, on the other hand, containing about three per cent., a third more, or about 52 minims of each of the solutions, would be necessary to separate all the prussic acid from 100 grs. "It is probably unnecessary to carry the calculation higher, as we suspect that if a larger quantity than 100 grs. should be taken, the fatal effect would be so rapid as completely to exclude the possibility of rendering any available assistance. These are the quantities theoretically necessary, and when pure materials are used, will be found very nearly correct, as tested in an open vessel; but, when given as an antidote for the poison, we would recommend not less than three times the theoretical quantity to be given, as from the presence of food, mucus, &c., in the stomach, it is improbable that the antidote would mix immediately with the poison at every point, so that to render the action more certain, a large excess is advisable, more especially as this can be attended with no evil consequences, as the only effect that could follow an excess would be the formation of sulphate of potash, and an insoluble mixture of protocarbonate and peroxide of iron, which, if active in any way, would, by producing sickness and vomiting, be really in the direction most to be desired.

"There is one circumstance that may interfere with the action of the antidote, and which cannot be overlooked. We allude to the possibility, nay, the probability, of the existence of a strong acid in the stomach. In such a case, it is evident that the alkali, on entering the stomach, might be wholly neutralized, and thus prevent the decomposition of the iron salts; but we have found that the prussic acid is completely precipitated by the method proposed, although a large quantity either of caustic or carbonated magnesia is present, so that nothing is more easy than at the very outset to give the patient a large dose of magnesia

* The carbonate of potash, which ought to be used in the preparation of the antidote, is the carbonate obtained from pure crystallized bi-carbonate of potash by heating in crucible to redness.

The author is of opinion that the disease consisted in inflammation of the medulla oblongata, extending itself by continuity to other parts of the base of the brain, and along the spinal cord. In support of this opinion he enters into a number of physiological details as to the effects of irritation applied to these parts, and the nerves arising from them, and attempts to account on this principle both for the phenomena themselves, and for the order of their appearance. —*Lond. & Ed. Month. Journ. Med. Sci.*, Oct. 1844, from *Gazetta Medica de Milano*, 9 March, 1844.

28. *Analysis of the Blood of Persons exposed to Malaria.*—M. Salvagnoli examined the blood of four persons actually labouring under, or who had just recovered from intermittent fever, and were living in a malarious district. He found that it contained a notable diminution in the proportion of its fibrin, albumen, and fatty matter, and that the phosphates had almost entirely disappeared. It contained, however, a large quantity of cholesterine. It is remarked that the biliary secretion of those living in such districts has been previously noticed to be rich in cholesterine.—*Ed. Med. & Surg. Journ*, Oct., 1844, from *Gaz. Méd. de Paris*, 18 May, 1844.

29. *Passage of Metallic Mercury into the Blood and Solid Tissues.*—M. Œsterlen has made a number of experiments for the purpose of ascertaining whether metallic mercury, when rubbed on the skin and given internally in a state of fine division, enters the body in the metallic state. For this purpose he both rubbed mercurial ointment on the shaved skins of animals, and administered a certain quantity internally. In both cases he found globules of mercury from the 250th to the 1000th of a line in diameter in the blood. The mucous contents of the colon also contained distinct globules of mercury. Metallic globules were also detected in the mesenteric glands, in the liver, spleen, lungs, kidney, in the bile, and in the urine; they were also found in the cavities of the heart. The author also states that he has detected metallic globules in the saliva and urine of a woman who was salivated by mercury. From his experiments, M. Œsterlen concludes, that, in general, small quantities of mercury, introduced by friction or by the stomach, are thrown out of the system by means of the urinary and biliary secretions.—*Ibid.*, from *L'Experience*, 1st Aug., 1844.

30. *Epilepsy caused by a Foreign Body in the Ear, and cured by its removal.*—M. Lamothe relates, in the *Journ. de Méd. de Bordeaux*, a case of this kind. The subject of it was a man thirty years of age, in whose external meatus a pebble had been introduced. At first he experienced only a slight diminution of hearing; afterwards suppuration occurred, to which, however, the patient paid little attention; and finally epileptic attacks supervened. He had suffered from these for two years before he consulted M. Lamothe. This physician, being informed of the probable existence of a foreign body in the ear, made an examination, and perceived it distinctly. By appropriate means he removed the pebble, which was rough and of nearly a triangular shape, and from that time the patient has had no more attacks of epilepsy.

M. Roussilhe relates in the same journal a similar case.

31. *Symptoms of Acute Pleurisy, caused by Intestinal Worms.*—The *Journ. de Méd. et de Chirurgie Prat.*, (Ap. 1844,) quotes from the *Gazette Médicales de Dijon*, the case of a young man, nineteen years of age, who was attacked with all the symptoms of acute pleurisy—chill followed by fever, severe pain in the left side, difficult jerking respiration, paroxysms of dry coughing, which drew screams from the patient, &c.,—all of which promptly disappeared after the evacuation of a large number (75) of lumbrici.

32. *Sulphate of Iron combined with an Alkaline Carbonate, an Antidote for Prussic Acid.*—In an article published in the *Lancet*, (Oct. 5th,) Messrs. J. and J. H.

sitely tender to the touch, but not discoloured or œdematous. On the 28th, broochitic rales were very intense in the right lung, and those in the top of the left lung were much increased; the *expectoration had become quite purulent.* When she reclined to the left side, the tumour became greatly enlarged, but receded when she lay on the right, and had a distinct fluctuation. On the 30th the tumour had extended considerably, and the expectoration was still *purulent, and very copious.* Pulse 108, aod weak.

From the 1st of October till the 15th, she suffered severely from uncontrollable diarrhœa, and was reduced to such a state that her stools were passed involuntarily. The tumour had greatly increased, and was now about the size of an orange; it was red, shining, and fluctuating, *and had a strong diastolic pulsation,* which did not convey the idea of being tilted forward by a pulsating body, as occurs in the case of tumours lying on arteries; but it was of an expanding character, and in every part the pulsation was equally strong. *Though frequently examined with the stethoscope, the least trace of bruit de souffle was never discovered;* nor had it the peculiar thrill so frequently felt in aneurisms. On the 21st she expectorated about a pint of green pus, and the bowel complaint received a notable check. The tumour was still more red, tense, and pulsating, and on the following day it burst, and gave exit to about three quarts of extremely fœtid pus, and she became exceedingly weak. After the evacuation of the pus the sound on percussion assumed a clear tone. On the 24th the respiration in the right lung was again healthy, and free from rale. The tumour had receded, the respiration in the affected side was just audible, but without rale. All the metallic phenomena, except *tinkling* and amphoric breathing, were present, and the sound on percussion was quite tympanitic. When the aperture was uncovered, *a peculiar rustling or whistling noise was perceived at each inspiration. From this time she began to rally, her strength increased, the diarrhœa ceased, and the purulent expectoration diminished,* and she was able to sit up all day, the pus constantly trickling from the fistula which remained open, and for the next six weeks she had periodical discharges to the amount of two or three quarts every ten days or so. At last her strength again failed, the cough increased, the pulse became quick, but she remained free from sweating. The clavicle and spine of the scapula of the affected side became gradually dull, accompanied with feeble respiration, mixed with crepitating rales. The day before her death, which occurred on the 15th of December, a discharge of nearly three quarts of green and fœtid pus escaped from the fistula.

Post mortem examination.—The right lung was in every respect healthy, *not the least evidence of bronchial inflammation in any part of it.* On the left side of the chest being opened, the lung was found bound by adhesions to the ribs, for about two-thirds of the pleural cavity, and the remaining third, *i.e.*, between the compressed and shriveled lung and diaphragm, was an empty cavity. The lung was also bound down to the spinal column by two strong bands of adhesion, and its inferior lobe was found red and carnified. The sac of the abscess passed behiod the lung also, to a considerable distance; it was coated with a thin layer of organized lymph. The upper lobe of the left lung was the seat of numerous tubercles, beginning to soften, the anterior part of the lower lobe was healthy, but the posterior, as before stated, was solid. The fourth rib was quite carious near its cartilage, and the sixth was in a similar condition, and the periosteum covering both was in a sloughy state. Externally the integuments around the fistula were separated for a couple of inches from the subjacent muscles. *The liver was enlarged to nearly half its normal size, engorged and full of blood.* The intestines were examined with the greatest care, but no trace of disease could be discovered.

[In the next case related by Mr. Mac Donnell, two tumours appeared in the lower part of the left side, presenting fluctuation and *pulsation,* which, on being opened, gave exit to large quantities of pus; one tumour was situated in the spot usually occupied by the apex of the heart; the other posteriorly between the tenth and eleventh ribs, about two inches from the spine. They were each about the size of a Seville orange, were soft, fluctuating, not discoloured at first,

in either state, so as thoroughly to neutralize all free acid; but when this is not possible, it is not meant that the antidote should not be given."

In giving the antidote, the Messrs. Smith advise the alkaline solution to be first administered, having previously mixed it with a little water; and the solution of iron salts, also diluted, to be next given without delay. They also recommend that not less than one drachm of each solution should be given for every thirty drops of the acid supposed to have been taken.

"We do not," Messrs. Smith observe, "for one moment conceive the remedy we have proposed to be infallibly successful as an antidote in all cases of poisoning by prussic acid. It stands, in this respect, on the same ground as our most valuable remedies. Its success must vary with circumstances peculiar to each case. It is very obvious that this, like every other remedial agent, however valuable, will frequently fail of the desired effect, simply from being too late of being applied."

"They think, however, that in no case of poisoning by prussic acid should it, if possible, be omitted, as it is sure to destroy the whole of the poison still left in the stomach, so that any harm which can arise from this will be wholly obviated, and unless the attack on the vital organs has already been too serious to be remedied, the person's life will be saved. Other approved means of treatment also should not be neglected, and especially bleeding freely from the jugular vein."

33. *On the Diagnosis of Empyema.* By ROBERT MAC DONNELL, Esq., of Dublin. —[We hardly need remind our readers that when serum is effused into the cavity of the pleura the affection is named *hydrothorax*, when the effusion consists of blood it is called *hæmothorax*, when the effusion is of a gaseous nature, *pneumothorax*, and when constituted of pus and other kinds of effusion, we have what is called *empyema*, especially when the liquid compresses the lung and impedes respiration. Mr. Mac Donnell has written a most interesting paper on the last-named affection, in which he relates several cases wherein one or more tumours appeared on the surface of the chest, which, after pulsating for some time, became red, tense and shining, and eventually burst, giving exit to large quantities of pus. When the empyema is attended with these pulsating tumours, he calls it "*Pulsating Empyema of Necessity.*" The following is a good illustration.]

A woman, aged 28, of dissolute and abandoned habits, was admitted into the Meath Hospital, Sept. 6. It appeared from her statement that she had been labouring under symptoms of acute pleuritis for two months, for which she was actively treated. When admitted, she was greatly emaciated, suffered from pain in the left side a little below the mamma; she had cough, with bloody streaks through the expectoration, and inability of lying on either side, decubitus being for the most part on the back. Her pulse was 108, small and weak. The *physical signs* were dulness of the left side, commencing a few inches below the clavicle, and extending downwards both before and behind; the left lateral region was likewise dull; total absence of respiration all over this dull portion; the upper part of the left side, both before and behind, was clear on percussion, with bronchitic rales accompanying the respiratory murmur. The lower half of the sternal region was completely dull, and here the sounds and pulsations of the heart were more intense than in any other situation. The whole of the right side of the chest, both before and behind, sounded clear, and the respiratory murmur was loud, puerile, and free from rale. There was no dilatation of the side observed on her admission.

For the next fortnight there was very little change observed; on the 21st, however, the cough again became very troublesome, and was accompanied by a copious muco-purulent expectoration, and her breath became intolerably fœtid; pulse 106, weak and feeble; respiration 25, and very laboured. She complained of slight tenderness a little below the nipple, but there was no discoloration or œdema of the part. On the 26th, a small tumour became perceptible, *every time she coughed*, in the situation of the pain; it was soft, and exqui-

nature, is observed, which gradually increases in size, is totally devoid of pain, and presents well-marked *diastolic pulsation*. But, on the other hand, the history of the two last cases was that of pleurisy with effusion; their duration, also, (three years,) was greater than the average length of time that patients with thoracic aneurisms lived, and at no period did they experience those dreadful, tearing, and lancinating pains peculiar to the latter disease; and, in addition, many of the usual symptoms of the affection were absent, such as dysphagia, *the peculiar aneurismal cough*, a *bruit de soufflet* on placing the stethoscope over the tumour, and a thrill sensible to the hand; and, as far as I have been able to ascertain, aneurism of the thoracic aorta has never presented itself externally in two situations so *widely separated*. They were also distinguished from aneurism in the following particulars: the greater portion of the affected side was dull, and without respiratory murmur, yet the pulsation was *only* felt in the external tumours, in this respect differing essentially from aneurisms, in which the pulsation, thrill, and *bruit de soufflet*, (when present,) *are most intense at the point of maximum dulness;* and though by pressure on a bronchial tube, aneurisms may prevent the entrance of air into the part of the lung to which the tube leads, and thus produce absence of murmur, yet this portion of lung will yield a clear sound on percussion, thus presenting phenomena altogether different from those observed in my cases.

These cases, however, establish the fact, that "empyema of necessity" is liable to be mistaken for aneurism, particularly, (as in the first case,) when it occurs in the form of *one large pulsating tumour*, and an accurate knowledge of the characteristic features of the two affections is necessary in order to avoid committing the grievous error of pronouncing an empyema to be an aneurism, or *vice versa*. But we do not anticipate so much difficulty in distinguishing between these two diseases as between such cases as I have detailed, and "cancer of the lung and mediastinum." At the very outset of our investigation a great difficulty presents itself, for we cannot avail ourselves of the aid derived from the history of the disease, for in many of the most accurately recorded instances of cancer of the lung, the patients evidently suffered at the commencement of their illness *from pleurisy excited by ordinary causes, and followed by empyema*, and, in other instances, where the existence of empyema was not actually discovered, the history of the cases resembled, in many particulars, that of ordinary pleurisy.

[Mr. Mac Donnell next relates two interesting cases of empyema in which the pus made its way, not externally, but into one or more of the bronchial tubes, and was removed by expectoration. The first case commenced with acute pleuritis, followed by *copious purulent expectoration*, two large sputa-cups full of thick, yellow, "well concocted" pus being expectorated daily. The entire of the empyema was thus removed by expectoration, and in six weeks the patient quite recovered. Professor Greene, in the 17th vol. of the Dublin Journal, has drawn the attention of the profession to some cases of this kind.]

"He details the particulars of four cases of the disease, in all of which copious *purulent* expectoration was a prominent symptom; and in all there were external tumours, which it was deemed prudent to puncture. In these instances, it was observed, that as soon as the matter got exit by the external opening, the quantity of *purulent* expectoration diminished, and the same circumstance occurred in the case now mentioned. Dr. Greene adds—'The first explanation I heard offered as to the nature and cause of this expectoration was suggested by Dr. Hutton, in a consultation held on one of the cases detailed. He observed, that he had frequently seen the expectoration to subside and lose its character when an opening had been made for the collection, and had consequently come to the conclusion, that in many cases of empyema the expectoration was the result of an effort of nature to free the system of purulent deposit through an external outlet, which, in these instances, was effected through the bronchial tubes.'

"The paper of Dr. Greene must be regarded by every physician as one of the most useful that has appeared for many years. We learn from it, that though

and possessed a *strong diastolic pulsation*, quite visible, and as strong as that of an aneurism of equal size, but without *bruit de soufflet* or thrill. It was also evident that a communication existed between them, for, by placing the hand on one, fluctuation could be felt when the other was tapped. The heart had left its natural position, (now occupied by one of the tumours,) and was pulsating strongly and visibly to the right of the sternum, under the corresponding mamma. Both tumours were opened at different times to the great relief of the patient, who, however, eventually died of phthisis, after a residence of four months in a prison. In the third case related, "*two tumours*, each *about the size of a hen-egg, were observed*, one occupying a situation a few inches below the nipple, the other presented itself between the tenth and eleventh ribs, about two inches from the spinal column. *They were rather tender to the touch, a few turgid veins surrounded their bases, the integument covering them was discoloured and reddish, and they both possessed a well-marked fluctuation, and a distinct, perceptible, and diastolic pulsation.* This latter peculiarity was not only evident to the touch, but quite perceptible to the eye; and as was noted in the two former cases, these tumours were completely devoid of thrill or *bruit de soufflet*, and the pulsation had all the characters that were observed in the two others." An opening was made into the posterior tumour, and a large quantity of odourless pus was discharged; the entire amount was not, however, drawn off, and the wound was closed with adhesive plaster, and soon united. When next examined, the tumour was found as large as before, and again presented the *pulsation* as well marked as ever. From the operation he experienced great relief for a few days, but again the urgent symptoms obliged Mr. Morrison, his regular attendant, to make a second opening, and as soon as the matter began to flow, he got ease from the sense of suffocation. For a little while the patient appeared to improve, but he soon fell a victim to distressing hectic."]

Remarks.—The three preceding cases are no less interesting than important, and, as far as I have been able to ascertain, are perfectly new in the history of empyema, there being no mention made of such cases in any of the recent writings on the disease. It is worthy of notice that in all three large tumours presented themselves in the situation usually occupied by the heart's apex, and, in all, the heart itself was dislocated to the right of the sternum; there cannot then be the least doubt as to the source from which the pulsation was derived, and the manner in which it was communicated to these abscesses. The heart, pushed out of its normal position, pulsated strongly and equally against their walls, and their contents being fluid and of equal density, a uniform and diastolic impulse was communicated to all parts of their surface, more intense, of course, in those situations nearest the source of pulsation. This accounts for what was noticed in the three cases, that the pulsation did not resemble that so often observed in tumours lying over large arteries, in which the motion consists in a mere tilting forward, nor was it like that which is seen in ordinary abscesses lying on an artery, in which the pulsation occurs, generally speaking, along the line of the vessel, and is scarcely perceptible in any other part of the tumour; but it was uniform, expanding, and strong. In the two last cases, the tumours behind either derived their pulsation from the heart or from the thoracic aorta, and were, from their size, situation, and feeble pulsation, more likely to lead us into error than those in front. What are the affections with which these cases might have been confounded by a person ignorant of the actual state of our knowledge respecting thoracic disease, or who, unacquainted with their history, had only seen them for the first time? Thoracic aneurism, and pulsating cancer of the lungs immediately present themselves to our view, and on examination we shall find that they possess some features in common. When compared with aneurisms we have, in both cases, tumours occurring in patients, who, for a length of time, complained of pain in the side, difficulty of breathing, cough, inability to lie but on one side; whose constitutions were exhausted by the protracted and distressing nature of their complaints, and in whom the outward progress of the disease was marked by severe pain at a particular point, in which, after a time, a small tumour, of a soft and yielding

a. The absence of the expectoration resembling *black currant jelly.*
b. The absence of a persistent bronchitis.
c. The absence of a varicose condition of the veins and œdema of the side affected.
d. In cancer of the lung the situation in which the external tumours form, is not invariably confined to the thorax.

4. That copious purulent expectoration in empyema is not always indicative of cavities in the lung; but, on the contrary, is of frequent occurrence in this disease, and seems to be the result of an effort of nature to get rid of the purulent collection by the nearest and readiest outlet.

5. That this symptom, when it results from the above cause, is not attended with the usual symptoms either of abscess of the lungs, or inflammation of the bronchial mucous membrane.

6. That a *true* bronchitis of the sound lung frequently complicates empyema.

7. That still more frequently the sound lung becomes congested, and presents some of the ordinary signs of bronchitis and pneumonia, from both of which it may be distinguished by attention to the rules laid down in the previous part of this communication.

8. That in addition to *depression* of the liver, from mechanical causes, that organ is likewise *enlarged from engorgement with blood* in empyema.

9. This enlargement is not confined to empyema of the right side, but occurs also when the disease is seated in the left cavity of the chest.

10. That this enlargement is identical with that which takes place in other affections of the lungs and heart, where, in consequence of their functions being impaired, an additional duty is imposed on the liver, viz., *that of eliminating carbon from the blood*, as proved by the researches of Tiedemann and Gmelin, Elliotson and Liebig; and as occurs in the former cases, so likewise we observe in this, that the increased size of the organ is due to an additional influx of blood, whereby its structure becomes engorged, softer in consistence, and darker in colour.

11. This condition of the liver has been observed by myself as proved by dissection, (see Case I.,) and its presence detected in other cases that have recovered. It has also been mentioned by many writers in their accounts of the appearances noticed at the autopsies of cases of empyema, who have recorded the fact, though unaware of its connection with the subject under discussion, and it must now be considered as constituting an additional feature in the diagnosis and pathology of empyema.

12. This condition of the liver, when it occurs in the ordinary diseases of the heart and lungs, has been observed to disappear as soon as the obstruction to the circulation of the blood and want of proper aeration, which gave rise to it, had ceased. So likewise in empyema, its disappearance is one of the first signs which indicate the removal of the effusion, and the return of the compressed lung to the performance of its functions.—*Braithwaite's Retrospect*, Vol. IX., from *Dublin Journ. Med. Sci.*, March, 1844.

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34. *A Tænia evacuated through an opening in the Abdominal Parietes.*—Bremser, Rudolphi, Cruveilhier and others, have questioned the accuracy of the recorded histories of lumbrici making their way through the parietes of the intestines; but the more recent researches of M. Monpiere would seem to prove indisputably the perfect authenticity of the alleged fact, and to show—

1. That lumbrici may work themselves a passage through the parietes of the intestines, by simply separating the fibres of these parietes by means of their head or anterior extremity;

2. That, by reason of the contractility of the muscular fibres of the intestinal parietes, the opening, which has given passage to the worm, is immediately obliterated, and leaves no perceptible trace behind;

3. That, in consequence of this arrangement, a verminous tumour, when it opens outwardly, cannot communicate directly with the cavity of the intestines;

4. That a verminous tumour may be formed at any point of the abdomen,

a patient present all the symptoms of extensive empyema of one side, with bronchitic rales or gurgling in the opposite lung, and copious *purulent* expectoration, the case is not to be despaired of, nor are we justified in giving a positive diagnosis of the existence of pulmonary abscess.

"Before the appearance of Dr. Greene's paper, these cases would have been considered as hopeless examples of pulmonary abscesses, or at least of empyema bursting into a bronchial tube. This leads me to make a few remarks, suggested by the close observation of some cases of empyema, which have terminated by purulent discharges from the bronchial tubes. There are two modes by which this process is effected; in one, the membrane *takes on a vicarious action*, by which large quantities of pus are discharged *without any distinct evidence of inflammation being set up in the membrane, or communication being established between the bronchial tubes and the sac of the abscess.* In the other form, a *direct* communication exists between the bronchial tube and the sac of the empyema. They are both efforts of nature to get rid of the purulent collection and effect a spontaneous cure, but as the means adopted are so widely different, an equally opposite train of symptoms may naturally be expected to attend these processes, and such we find to be the case.

"In the examples detailed by Dr. Greene, and in those which I have given, the expectoration was thrown up *in small quantities at each paroxysm* of coughing, and though it amounted to a considerable quantity during the twenty-four hours, yet what followed each paroxysm of coughing never occasioned any distress to the patient or alarm to his attendants, and was excreted gradually and regularly, without producing any violent or distressing symptom to the patient; and the removal of the empyema, as shown by diminution in the extent of the dulness and return of respiratory murmur in the affected side, was equally gradual and progressive. But, in the second class of cases, where a direct communication has been established, we have, in addition to the rapid development of the physical signs denoting the accident, (such as the sudden removal of the dulness, with metallic phenomena of the voice and cough, and a tympanitic sound over the portion of the chest previously dull,) *a violent and sudden paroxysm of coughing, usually accompanied with expectoration of a large quantity of pus, so great as in almost every instance to produce the most alarming symptoms of suffocation, and not unfrequently even death from this cause.* This is followed by relief for a time, but a second and third accumulation of the matter takes place, which is again got rid of in the same way; and on each occasion the patient's life is in imminent danger from asphyxia."

[It might seem difficult to distinguish these cases from true pulmonary abscesses, but these latter affections "are not accompanied with very copious expectoration, but, on the contrary, are found to contain an exceedingly small quantity of pus." Pneumonic abscess is, moreover, one of the rarest lesions met with in the lungs, and almost always occupies the base of the organ, while tubercular abscess is situated in the apex. The points discussed in this admirable paper of Mr. Mac Donnell are summed up by him as follows:—]

1. That in cases I., II. and III. we are presented with a new form of empyema, which may be termed "Pulsating Empyema of Necessity," exhibiting some features common to that form of empyema and to thoracic aneurism, and encephaloid disease of the lung.
2. That it may be diagnosed from thoracic aneurisms, by
   a. The history of the case.
   b. The dulness extending over the whole side, the pulsation being only felt in the external tumour.
   c. The absence of thrill.
   d. The absence of *bruit de soufflet.*
   e. The extent and nature of the fluctuation.
3. That it may be distinguished from encephaloid disease of the lung and mediastinum, by

more silently through the larynx than that which is expired; and thus it is that the blowing sounds are most distinctly audible during the act of expiration. But if—as in the case of the restless child—the inspiration be performed rapidly instead of slowly, the blowing sounds are heard during expiration when it (the child) is calm, and during inspiration when it is restless and crying."—*Med. Chirurg. Rev.*, October, 1844.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

36. *Treatment of Obstinate Stricture of the Urethra.* By JAMES SYME, Esq., Prof. of Clinical Surgery, (*Lond. and Edinb. Month. Journ. of Med. Sci.*, Oct., 1844.)—The simple bougie is now, in Great Britain at least, Mr. Syme says, nearly the only means employed in treating strictures of the urethra; "and in the great majority of cases, the success attending its employment leaves nothing to be desired with a view to increasing the facility, safety, or efficiency of the process. But every practitioner of experience must have met with exceptions from the ordinary rule; and on such occasions, instead of finding the contraction readily yield to the progressively increased size of the instruments introduced, could not avoid remarking a peculiar obstinacy of resistance. Along with this obstinacy of disposition, there is usually associated a proportional degree of irritability, which renders the treatment still more embarrassing and also dangerous. For the pressure that is made in endeavouring to overcome the resistance, is very apt to occasion rigors, and a febrile paroxysm, which, instead of passing away like the ordinary attacks of this kind attendant upon stricture, without any local or constitutional derangement, may be followed by swelling of the testicle, abscess of the perineum, or suppuration of the large joints. In the event of these unpleasant effects neither proving fatal, nor interrupting the treatment by exhausting patience, the surgeon may at length succeed in passing a moderate or full-sized instrument, but with little credit or satisfaction, since the strong tendency to contraction exposes the patient to a speedy relapse, and renders a frequent recourse to bougies necessary for his comfort so long as he lives.

In explaining a mode of procedure for easily, safely, effectually and permanently subduing this obstinate and irritable form of stricture, he states, that its ordinary seat is in the anterior part of the canal, where no difficulty attends the passing of instruments; and he adds, that during the course of his fifteen years' hospital practice he has never, either in public or private, found it necessary to puncture the bladder from inability to pass the catheter for retention of urine.

The following case will illustrate Mr. Syme's mode of treatment:—A boy, aged 15, was brought to him on the 18th of May, who had received a kick from a horse, in the perineum, two months before. About a week after this injury, which was so severe as to confine him to bed, the boy had noticed the flow of his urine to be slower than usual and attended with pain. These symptoms had gradually increased, until the water could be voided only by drops, and at the same time could not be retained, so that it was continually escaping, and wetting his clothes. Mr. S. found a stricture of the urethra opposite the scrotum, so tight that it would not admit the smallest probe, and surrounded by a mass of thickened and indurated texture, in the form of a ring, nearly half an inch broad. After trying various instruments without success, Mr. S. passed an exceeding slender catgut bougie through the stricture, and then a succession of larger ones, until at length a metallic bougie of the smallest size could be introduced.

At the end of two months' patient treatment it was found that no more ground had been gained, and that though the patient had ceased to suffer from incontinence of urine, the symptoms in other respects remained without alleviation—the hard ring at the seat of the stricture having suffered no diminution, and micturition being still painful, as well as frequent. On the 19th of

but that it is most commonly developed about the inguinal and umbilical regions.

Instances of the discharge of Tæniæ in this manner are of much more rare occurrence. Only two cases are on record, as far as we are able to ascertain. One is related by Mouleng, in the *Journal de Medecine*, tom. lvi., and the other by Sporing, in the *Memoires de l'Acad. des Sciences de Suede*, tom. ix. In both these cases, however, the presence of fæcal matters in the verminous tumour, and the permanence of a fistula after the discharge of the tænia through the abdominal parietes, induce the belief that the worm had made its way outwardly through an *ulceration* of the bowels.

The following fact, recorded as it is with all necessary details by Professor SIEBOLD, serves to make it probable that a *tænia* may traverse the parietes of the intestines by merely separating their fibres, in the manner that *lumbrici* are in the habit of doing.

A young man was received into the surgical hospital in consequence of several scrofulous abscesses on different parts of his body. A tumour, which was supposed to be of this nature, occupied the umbilical region. A few days after his admission, Dr. Herz was in all haste summoned to the patient, as the swelling had suddenly burst, and given issue to a tænia, which was alive and moved about quite freely. It was cautiously laid hold of, and slowly and very gradually drawn out to the extent of several ells. No gas, chyle, bile or fæcal matter escaped from the opening; in short, there was nothing to lead to the suspicion that the verminous swelling had any communication with the cavity of the intestines.—*Med. Chirurg. Rev.*, October, 1844, from *Medicinische Zeitung für Heilk. in Preussen*, 1843. No. 17.

35. *M. Trousseau on the Signs of Auscultation in young children.*—Every experienced physician must have found—if he has taken the trouble to examine the subject—that auscultation is of comparatively little value in the diagnosis of pulmonic diseases in early life. It is not often that the young patient can be kept sufficiently quiet to enable us to make the proper examination; and, moreover, the respiratory murmur is usually so loud and boisterous—especially upon any excitement—as completely to overpower any abnormal *bruits* that may be present. Fortunately the practitioner does not often feel the need of any extraneous means to aid his diagnosis in the thoracic diseases of infancy: the rational symptoms, as they have been rather absurdly called, being usually quite sufficient. The following remarks were made by M. TROUSSEAU in his clinical lectures at the Hopital Necker.

"If the child be perfectly quiet, the breathing does not sensibly differ from that in the adult; the inspiration is rather noisy, while the expiration is scarcely perceptible: moreover, the former is exceedingly active and slow, while the second, on the contrary, is rapid and purely passive. But, if the child be restless, the inspiration is immediately rapid, and the expansion of the lungs cannot be perceived, while the expiration is, at the same time, slow, and accomplished with the aid of all those muscles which usually concur to the performance of this act. The air issues from the glottis in a small noisy stream. The expiration, therefore, is here essentially active, the very contrary of what it is in the normal state: moreover—and I insist upon this point—it must be very slow, while the act of inspiration is performed rapidly.

"This new rhythm it is very necessary to be aware of, because the character of certain pathological auscultatory sounds, which are thence derived, is more or less altered in consequence. In truth, if, as M. Beau believes—and in this opinion I quite agree with him—the blowing sounds and their numerous modifications really take place and are formed in the larynx, and are transmitted to the ear through the indurated lung by the air in the trachea and bronchi, it must follow that they (the sounds) will be the more distinct and obvious in proportion as the passage of the air is accompanied with the most blowing noise in the larynx. Now this is what we perceive to be the case in the adult. The inspiration is slow, and the expiration is rapid; the inspired air, therefore, passes

however, its peritoneal surface only, in order that the ligature should cut through on that side first; this being done, I cut the threads close to the intestine."

This memoir was referred to a committee, in the presence of whom M. R. repeated his operation on several dogs, and the particulars of which are related by M. Jobert de Lamballe, in his report on behalf of that committee. It will be sufficient to quote the conclusions, as given in the report:

"The important fact," says M. Jobert, "in all these experiments is, that immediate union of the wound did not take place; that there was sometimes diffuse effusion into the cavity of the peritoneum, while sometimes the effusion was circumscribed by the accidental agglutination of the intestines to the wound. At the points where reunion did occur, it was due to the more or less perfect adhesion of the two layers of serous membrane, and not to adhesion of the lips of the wound. Twice the adhesion between the cut surface was established by means of a substance of new formation, which was easily torn, did not occupy the entire extent of the wound, and presented fistulous openings at several points.

"Such, then, was the result of the operation. But what was the result M. Reybard sought to effect? The immediate union of the lips of the wound by first intention, and both of the serous, muscular, and mucous surfaces. And how did he try to effect this object? By a modification of the uninterrupted suture. M. Reybard expected, by an alteration of Pelletier's method, to obtain direct union of the wound; and, secondly, he hoped that the threads, from the manner in which he arranged them, would be detached into the intestine, and expelled without producing fistulous points and consequent effusion. In fact, the first suture being fixed in the interior of the intestine by a large knot, and also by a small dossil of lint, should, by its weight, draw the suture towards the cavity of the intestine; while the second suture, united with the ligatures placed on the mesenteric arteries, and passed with them into the intestine, should be detached in the same direction.

"If M. Reybard had been thoroughly aware of the objection long since made to this plan, and had he not laboured under some mistake as to the results obtained in experiments on animals, he would, doubtless, have hesitated in adopting this description of suture, with which it seems impossible to obtain the direct union of the cut surfaces. The mobility of the parts—the thinness of the parts to be maintained in contact—the numerous causes which may cause separation of the surfaces, such as contraction of the coats of the intestine, their tumefaction, the distension of the intestine by gas—all those reasons sufficiently explain why immediate reunion cannot be obtained by the suture recommended by M. Reybard; and if reunion cannot be obtained in dogs, how could it be effected in man, in whom the coats of the intestines are much thinner? Moreover, how could it be expected that a fistula would not sometimes occur at the points where the threads were placed within the intestine? M. Reybard's idea, if practicable, would be good, but experiments on animals have fully proved its danger.

M. Jobert proceeded to show, by reading extracts from a work published by M. Reybard, in 1827, entitled, '*Memoir on the treatment of Artificial Anus, of penetrating Wounds of the Abdomen and penetrating Wounds of the Thorax*,' that M Reybard himself had formerly, from the result of numerous experiments on animals, come to the conclusion that it was impossible to obtain immediate union of a wound of an intestine."

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38. *Nature and Source of the Liquid which flows from the Ear producing Œdema of the Scalp.* By M. Bodinier. (*Bulletin de la Société Anatomique de Paris*, Nos. March and April, 1844.)—In some cases of fracture of the cranium, there is a discharge of serous fluid from the meatus externus. Though this had been long observed, M. Laugier was the first to call especial attention to it, which he did in 1840. M. Bodinier, having had an opportunity of observing a case of this description, has made it the subject of some interesting observations.

According to M. Bodinier, the serum which flows from the ear in these

July, Mr. S. introdueed a small grooved direetor into the urethra, and, while it was steadily held by an assistant, compressing the indurated part of the canal between the forefinger and thumb of his left hand—punctured the integuments with a narrow-bladed knife—directed its point into the groove immediately above the stricture—and then pushed the edge forward, until he distinctly felt the whole dense texture give way to it. A full-sized eatheter was then passed without encountering the slightest impediment. The loss of blood did not exeeed a drop or two, and the wound healed like the prick of a needle, so as to leave no trace of its existenee; and at the end of two days, when the catheter was withdrawn, the patient felt in every respect perfectly well. Some days afterwards Mr. S. examined the state of the canal, and found, that not only the catheter passed at the time of the operation, but even a larger one could be introdueed without the smallest feeling of eontraction. The boy was dismissed on the 29th, with instructions to return occasionally.

Mr. S. says, that nothing ean be farther from his intention than to propose division of strictures, by a eutting instrument, as in general preferable to the treatment by bougies. It is strietly to those cases which are found to resist a careful trial of the latter method, that the operation should be limited.

He sums up his views of the subject, by stating the following prineiples:—

1st. Strieture of the urethra does not always yield to the use of bougies.

2d. Attempts to overcome the resistanee of obstinate strictures by the bougie. are apt to occasion serious disturbanee, local as well as general.

3d. Strietures of this obstinate nature are generally seated in the anterior part of the urethra, but may oeeur at any part of the eanal liable to contraction. and are usually surrounded by a thiekened mass of indurated texture.

4th. Partial division of this ring, either from within or without, affords temporary facility in passing instruments, but no permanent relief from the complaint.

5th. Complete division of the indurated and contracted part is the only effeetual remedy.

6th. The best way of effecting complete division, is to divide the contracted portion upon a director, by subcutaneous incision, if the anterior part of the canal is coneerned; and by free ineision if the stricture be seated behind the scrotum.

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37. *Suture of the Intestine.* (*Comptes Rendus.*)—M. Reybard, of Lyons, has eommunieated to the Freneh Academy of Medicine a case which he considers one of caneerous tumour of the sigmoid flexure of the eolon, in which he extirpated a portion of intestine, and the patient recovered. The details of the ease are so imperfect that we shall not give them, but may mention that the eure was not permanent, and the patient died,—but no post-mortem examination was made. The point we wish to notiee, is the suture which M. R. employed for uniting the ends of the intestine, and which he supposes to possess advantages over other forms.

Before applying the suture in this ease, M. R. armed two needles with a fine double silk thread, and one of the needles carried a small roll of lint, the size of the head of a pin.

"When," says M. Reybard, "I co-aptated the two extremities of intestine. I attached them together near their mesenteric border with the thread of the first needle, and tied a double knot; this was the first stitch of the uninterrupted suture, which was carried by successive stitches to about the middle of the solution of continuity, eare being taken to draw the spirals tight and approximate the stitches closely. I then cut the thread at a distanee of seven or eight lines from the intestine: I then fastened the thread, not by knotting it, but by including it beneath each point of suture made with the second thread, with which I eompleted the suture. When the suture was thus completed, that is to say. carried to the mesenteric border of the intestine, I fastened the thread, by tying together in a double knot the ends of the two threads of which it consisted. Before tying them, I passed them through the lips of the wound, including.

cap, together with cold ablution, or the douche, to give tone to the parts, will prevent its recurrence.

41. *Operation for the Radical Cure of Hydrocele.* By Dr. W. H. Porter.—(*Dub. Journ. Med. Sci.*, July, 1844.)—The author, after trying various operations for the radical cure of hydrocele, has adopted the following, which, he says, "if not altogether free from the objection of a possible relapse, or return of the disease, is not so liable to be followed by the severe and violent inflammations that render the operation by injection so perilous.

"This operation is partly that by incision, the only difference being, that instead of dividing the tunica vaginalis in the entire extent of the tumour, my incision extends only from an inch to an inch and a half in length; and partly that by the tent, an operation first proposed (it is said) by Franco, and revived and recommended by the celebrated Larrey. Having first punctured the tumour in order to examine the state of the parts, and satisfy myself that it is a case in which an attempt to cure the disease radically may be safely made, or at least in which such an attempt would be justifiable, I allow the sac to fill again. When the disease has re-appeared, and the tunica vaginalis is as much distended as it previously had been, I perform the operation thus: Having that part of the scrotum in which I intend to operate, shaved, I make the incision of the length above mentioned, down to the tunica vaginalis, and examine carefully whether any vessel has been wounded that could possibly furnish a considerable quantity of blood. I then pass a bistoury into the tunica vaginalis at one extremity of the incision, out at the other, and divide it by a rapid withdrawal of the instrument. Having completed the incision, a tent of rolled lint, moistened with oil, and secured with a ligature, so as to be easily withdrawn, is introduced. The operation is then completed. The patient may be placed in bed. On the succeeding day I generally bleed from the arm to the extent of ten to twelve, or fourteen ounces, and particularly if the scrotum is red, and shows a tendency to inflammation. Latterly, I have adopted this practice as a preventive in all cases, with apparently the most satisfactory results. The tent is left to become loose, and drop out of itself, which usually takes place on the third or fourth day, and need not be replaced; but it is desirable to break up any adhesions that may be found between the lips of the wound, and to introduce the finger occasionally into the cavity of the tunica vaginalis until the sixth, after which it may be treated with light superficial dressing, and the cure is generally perfect in about three weeks."

Dr. P. says that he has practised this operation for fifteen years, and, comparing it with others, has not much reason to feel dissatisfied. At first, he was in the habit of plunging the bistoury at once into the tumour, and completing the incision to the requisite length, by making it cut its way outwards rapidly and at once. This gave an appearance of great simplicity to the operation, but in some instances caused the fluid to become extensively infiltrated in the cellular tissue, which looks unseemly, although really of no consequence, as it is absorbed in a few hours.

42. *Two cases of Luxation of the Iliac Bone upon the sacrum.*—The editor of *L'Experience* records, in the number of that journal for 28th September, 1843, two cases of this very rare form of luxation, for which he is indebted to MM. Tavignot and Peste, internes in the service of M. Lenoir, at the hospital Necker. He prefaces them with the remark, that, in the opinion of Boyer, "instances of simple luxation of the bones of the pelvis, from external causes, are so extraordinary, that it would be very difficult to believe in them, had they not been observed by men whose honesty and exactness were well known." Both of these cases presented themselves in the hospital at the same time, and, although one of them is not, strictly speaking, an example of simple luxation, the luxation of the iliac bone being evidently complicated with fracture of the ischium and pubes.

Case I., reported by M. Tavignot. On the 1st of August, a man named Bon-

cases, presents all the physical and chemical characters of the cerebro-spinal fluid, and is in fact this fluid, tinged sometimes with a little blood. But in the cases where this discharge has existed, on post mortem examination, no rupture of the membranes of the brain has been found through which this fluid could be discharged. The mechanism by which the fluid finds its way externally is then to be discovered. M. Bodinier conceives, that it is effected by endosmose, and all the conditions necessary for the production of this phenomena exist:—thus we have within the membranes of the brain a very thin fluid, the cerebro-spinal; and externally, a collection of blood more or less coagulated, and always denser than the first-named fluid. To verify this explanation M. B. has made some experiments on the dead body, which confirm the correctness of this explanation.

M. Bourdon, in his report on this memoir, expresses the opinion, that the flow of a colourless, uncoagulable serum from the external meatus may present useful indications as regards the diagnosis, prognosis and even treatment of certain fractures of the cranium. Thus it will indicate a fracture of the petrous portion of the temporal bone, with effusion of blood between the dura mater and the bone, lesions in general very serious. It will guide the surgeon in the application of the trephine in cases where he wishes to give issue to the effused blood; in fact, where the symptoms we are considering exist, we may suspect the existence of a collection of blood beneath the temporal fossa.

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39. *Gunshot Wound, where the charge passed from the Navel to the Back without fatal consequences.* By Edward Danville, Esq. (*Prov. Med. and Surg. Journ.*, Sept. 11, 1844.)—A man, about 25 years of age, was accidentally shot. The contents of the gun entered about an inch below the navel, on the right side, and passed out about two inches above the hip and three from the vertebral column; the distance from wound to wound was about six inches. The ignited wadding or cartridge passed through the wound unextinguished, and set fire to the shirt, opposite the posterior opening. Mr. D. could not decide "whether the charge had passed directly through the body, or whether, by the resistance of the abdominal muscles, it had been diverted from its course, and had made a semicircular transit immediately under the integuments." Looking at the case as hopeless, Mr. D. merely defended the wound; there was neither probing nor poking, no endeavour to remove extraneous circumstances. Nature was left to her own operations, and she did her business well. The wound digested properly, portions of garment and other extraneous matter passed out at the posterior opening, and about 40 shot passed with them; 15 or 20 shot remain under the integuments, but the patient suffers no inconvenience from them; and he is now in excellent health.

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40. *Mode of reducing Partial Displacement of the semilunar Cartilages of the Knee-joint.*—Mr. W. H. Sandham, of Cork, describes, in the *Dublin Medical Press*, (Aug. 21, 1844,) the following method of reducing partial luxations of the semilunar cartilages of the knee-joint. Place the patient on his back upon a sofa or the floor, flex the thigh on the pelvis, then place a hard pad, the size of the thick part of the forearm of the patient, or (what is better, and what was done in the present case), make the patient place his own arm under the knee-joint, then flex the leg on the thigh, using considerable force, the effect of which will be to separate the head of the tibia from the condyles of the femur, and give room to the cartilages to resume their natural position, for it is clear from the symptoms that one or other is pinched between these bones. Then, taking care to preserve the flexed position, turn the leg outwards, if it be the internal cartilage which is displaced, and inwards, if the external cartilage be the one engaged, which is readily discovered, for if, when you commence to turn the leg outwards, you immediately give pain, you should cease; the contrary direction, which gives trifling pain, is the proper one. Then (preserving the leg turned,) you gradually, and without using any violence, extend the limb, and you will find the cartilage to resume its natural position. An elastic knee-

homme, aged 32, a blacksmith by trade, entered the surgical wards of M. Lenoir. He stated that on the evening previous to his admission, having just entered his house, he went towards a window without any guards, tripped and fell from the third story to the pavement below. He could give no account of the manner in which he fell, having lost his consciousness until the following morning. His condition, when examined upon entry, was as follows. A vast extravasation of blood occupied the whole upper part of the right thigh, and appeared to extend to the corresponding abdominal parietes. He could not move the lower extremity, which was, at first sight, shorter than that of the opposite side; the point of the foot was turned slightly outwards. His urine was passed with difficulty, and was drawn off for two days. He was bled twice, twenty leeches were applied to the thigh, and he was laid upon his back. No accident occurred; the tumefaction, extravasation of blood and pain disappeared, so that the patient, who, at the beginning, could, but with very great difficulty, move himself in his bed, got up on 15th September, and was even able to walk a little with crutches. What was his affection? The following statement will show. The length of the limbs, measured from the spine of the ilium to the external malleolus, on both sides, is exactly the same, and yet the right limb looked shorter than the left, at least two centimeters. The foot is not turned either inwards or outwards. The right anterior superior spine of the ilium corresponds with a horizontal line drawn through the umbilicus, while the left is situated five centimeters below it.

The fold of the right groin is somewhat higher than that of the left. Upon feeling carefully and comparatively, the horizontal portion of the two pubes, it is easily perceived that on the right side, and starting from the symphysis pubis, the os pubis is somewhat higher than on the opposite side; at the same time, a hard resisting body, with an uniform surface, which appears to be situated in the iliac fossa, may be felt from the iliac spine to the spine of the pubes. This surface is nothing else, as is evident, than the horizontal portion of the pubes, which has been elevated about three or four centimeters. Examination *per rectum* enables us to ascertain that the tuberosity of the right ischium is sensibly nearer the median line, at the same time that it is elevated. The right branch of the pubes appears, also, to have mounted at the symphysis upon that of the opposite side, so that it is, in respect to the finger, upon a plane anterior to that of the left side. Behind, we remark, that the fold of the buttock is situated four or five centimeters above that of the opposite side; the tuberosity of the right ischium has mounted at least four or five centimeters upon the median line; the sacrum has its normal configuration, but upon its right edge a very sensible depression is observed at the level of its junction with the ilium; the right buttock, instead of the prominence presented by that of the opposite side, offers a very marked depression. Pressure on this spot is very painful, though there is but slight œdema. The two iliac crests are far from being on the same level. A horizontal line passing from the right one, passes five centimeters above the left. It should be noticed that the posterior spine of the ilium, and particularly the crest of the right side are, as it were, thrown backwards, that is to say, they are situated upon a plane posterior to that of the same parts on the opposite side. The vertebral column appears untouched. There are, at present, no longer any traces of sanguineous extravasation, and every thing leads to the hope that gradually the motions necessary for progression will be re-established, if not entirely, in consequence of the inevitable limping which will remain, at least in a manner sufficient to allow the patient to return to his ordinary occupations.

Case II., reported by M. Peste. Chavanne, a ragman, aged 39, was brought to the Necker Hospital, on the 28th July, having just fallen from the top of a staircase. He had spit blood; several fractures of the ribs were ascertained, both bones of the forearm were broken, and, besides, a severe contusion of the right hip was observed. The pain was excessive, the swelling considerable, the sanguine effusion very great; no movement of the patient could be made, without causing him to utter loud cries, and to resist any effort at examination.

A slight apparent shortening of the limb gave rise, at first, to a fear of fracture of the neck of the femur. M. P. seized the leg, and raising it, easily moved the limb, although the patient, suffering severely, contracted, quite violently, his muscles; the great trochanter followed all the movements of rotation of the femur; no sign of crepitus, no deviation outwards was observed. The absence of these signs caused M. P. to abandon his first idea, and to believe he had to do with a contusion of the hip, complicated with a great extravasation of blood.

Next day, M. Lenoir observed again all these lesions; but the swelling and pain prevented a thorough examination of the state of the hip. The patient had, besides, expectorated pus, and suffered extreme difficulty of respiration, to which symptoms attention was chiefly directed. Under the influence of bleedings, the expectoration of pus ceased: the fractures were united; the swelling of the lip, with the effusion of blood disappeared; but the pain continued, and movements were impossible. A new examination at this time resulted as follows:

The patient was placed upon his back; there was then felt, at the level of the spine of the right pubes, a pretty deep depression, above which, on depressing the abdominal parietes, a pointed, movable, bony tumour could be felt, which appeared to be formed by the horizontal branch of the pubes, which was fractured and elevated; the anterior superior iliac spine was carried more backward and higher than that of the opposite side. A sound passed, without obstacle, through the urethra into the bladder, and the patient experienced no retention of urine. By examination *per rectum*, behind and on the right side irregularities could be observed, which could only arise from fracture of the ischium; above, and also on the right side, by strongly depressing the anterior portion of the rectum, another tumour could be felt, which appeared to be occasioned by a fracture of the pubes: nothing similar on the opposite side. The patient had remained, from the day of his fall, eleven days without a stool.

Upon placing the patient upon his belly, the right buttock was observed to be flattened, soft, depressed: the fold of the buttock had risen about two centimetres, and described a straight line, directed obliquely from above downwards, and from without inwards; that of the left side was horizontal, and described a curved line, with its concavity upwards. The posterior superior iliac spine was about three centimetres higher than that of the opposite side, as were also the crests of the ilium and the ischium. Upon pressing at the level of the left iliac spine, the prominence it forms, and, lower down, the projection of the sacro-spinal ligament, were observable; while at the same points, on the opposite side, a pretty deep depression was found, in consequence of the elevation of the iliac spine, and the rupture of the right sacro-spinal ligament.

An examination of the inferior extremities, showed that that of the right side was shortened, the right malleolus externus being about three centimetres more elevated than the left; but if the measure was taken from the anterior superior iliac spine to the respective external malleoli, the distance was equal on both sides, as it ought to be, since the relations of the coxal bones had changed with the vertebral column alone. All these signs became more evident on placing the patient upon his knees, while bending his body forward.

He was kept in an immovable position. Several days previous to the 15th September, the day on which the case was reported, he had begun to walk with crutches: he bears upon the leg, but gently, it being as yet unable to sustain the weight of the body; he limps, throwing his body strongly over to the sound side; all pain has disappeared. This patient will be cured with a shortening of the right leg. Here, as is evident, the luxation is not simple, being complicated with fractures of the pubes and ischium, which must necessarily occur to enable the coxal bone to experience a general movement upwards, unless separation of the symphysis pubis had occurred. When this separation exists, the symptom noted by Hippocrates, retention of urine, is observed; in this case it was absent, and, indeed, the fracture had left untouched the ligaments which go to the bladder, but there was retention of fæcal matter, which should, perhaps, be attributed to the fracture.

The editor of *L'Expérience* observes, in a note, that these luxations occurred in consequence of very great violence, not in scrofulous patients, easily affected by such a cause, but in strong healthy men, in whom there was no reason to suppose a previous relaxation of the ligaments of the pelvis. The diagnosis of the luxation presented no obscurity, being easily deduced from the elevation of the iliac crest and of the fold of the buttock, the depression of that part, the general shortening of the limb, without alteration of the relations, or of the length of any of its parts, &c. The prognosis of this affection has been considered as very grave by authors, Boyer remarking that, without considering the immediate effects of the external violence, it is constantly followed by an inflammation, of which the consequences may be very serious, as well on account of the extent of the articular surfaces affected, as because it may extend to the peritoneum and the viscera of the pelvis and lower part of the abdomen, or may terminate by a suppuration of the articular surfaces or of the cellular tissue of the pelvis. None of these consequences were, in these cases, observed, and were indicated by him probably rather *à priori*, than from the observation of cases. This surgeon himself cites a case which resembles entirely, in this respect, those which precede.

"The most interesting case known," says he, "of luxation of the hip bones, exempt from these formidable consequences, was observed by Enaux, Hoin and our colleague, Professor Chaussier, and inserted in the collection of the Memoirs of the Academy of Sciences of Dijon. The left os innominatum had been displaced and carried upwards. The inflammatory condition did not allow reduction to be made. After some days, during which relaxing applications and an antiphlogistic regimen were adopted, the replacing of the bones was attempted, but prevented by the return of the pains and inflammatory symptoms. Some days later a new and still ineffectual attempt was made, and was then entirely abandoned. Finally, after prolonged repose, but less so than could have been desired, the patient quitted his bed; and having begun to walk, aided by crutches, the weight of his limb brought about part of the reduction, which had previously been vainly attempted. The cure was perfected and the patient was able to resume his occupation of tiler. This fact proves conclusively," adds Boyer, "that, in cases of this nature, *the most important consideration should not be to seek to cause the reduction*, but to combat, by every possible means, the inflammation and its consequences. Too fortunate to obtain the cure at the expense of whatever possible deformity."

M. Lenoir followed the advice of Boyer; he abstained from any effort at reduction, and, besides, how could you reduce, or, at any rate, how could you maintain, in a state of reduction, a luxation of this kind?

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43. *Singular cause of Error in Diagnosis of Affections of the Knee.*—In the last *Concours* for the chair of Clinical Surgery in the Faculty of Paris, a singular case occurred, the diagnosis of which gave rise to a difference of opinion both amongst the competitors and judges, and in which, moreover, had an error been committed, the result might have been a serious operation. M. A. Bérard, the actual nominee to the chair, thought that he recognized the existence of a foreign body in the knee-joint of a patient affected with hydrarthrosis, and which had fallen to his lot as the subject of lecture. On examination he found, besides an effusion of serum, a distinct circumscribed tumour, of the size of an apricot stone; it rolled under the finger, and was situated at the external side of the knee, above the patella. M. Marjolin, *juge du concours*, did not coincide with this opinion, and affirmed that what was considered as a foreign body was nothing more than an adherent tumour, very often found in those affected with hydrarthrosis: he was ignorant of its nature, never having had an opportunity of dissecting one. M. Malgaigne, one of the competitors, and who, like M. Bérard, believed in the existence of a foreign body within the joint, hastened to examine this tumour on two patients affected with hydrarthrosis, then under his care in the Bicêtre, and he found it exactly the same as in the patient of M. Bérard. One of these patients died shortly after; he thus had an opportunity of determining its nature, and found that the apparently foreign body was nothing

more than a pellet of fat, of a perfectly healthy appearance. M. M. next inquired whether this tumour was entirely the result of inflammation, or whether, previously existing in the natural state, it only acquired an increase of development in consequence of disease? To determine this point he opened a number of healthy knee-joints; in almost all of which he found the above-mentioned tumour, generally on the external side of the articulation, but sometimes on the internal. Its normal existence is no way connected with hydrarthrosis; but it appears to increase in size under the influence of the pain and articular inflammation: it is not found in all subjects affected with hydrarthrosis; but when it does exist during the course of the disease, it continues after the disappearance of the latter; pain on pressure continues longer over the site it occupies than anywhere else, as if the irritation disappeared more readily when the synovial membrane alone is affected than when it spreads to the adjoining adipose tissue.—*Lond. and Edin. Month. Journ. Med. Sci.*, Oct., 1844, from *Encyclographie Méd.*, June, 1844.

44. *Warty Excrescence near the verge of the anus.* By Edward Daniell, Esq.—(*Prov. Med. and Surg. Journ.*, 9 Oct., 1844.) The excrescence grew on each side of the anus, extending over and filling up the fossa made by the buttocks, and resembled, when those parts were drawn aside, a large orange which had been cleft in twain. It appeared to be non-malignant; but simply an excrescence emanating from the skin itself. As the base of the tumour on each side was equal to its surface, Mr. D. determined to try the effect of a double ligature, employed in the same manner as for common nævus, but only on one side at a time. Sloughing followed this operation, but in so small a degree that Mr. D. saw at once the plan would fail, and therefore resolved to remove the growth by dissecting away the whole of the diseased skin, not only under the tumours, but round about them. The success was perfect; there has been no return whatever of the disease.

45. *Enormous Steatoma removed from the Shoulder.* By Edward Daniell, Esq. (*Prov. Med. & Surg. Journ.*, 9 Oct., 1844.)—The tumour had existed thirty years, and occupied a space commencing from the top of the shoulder, running over the deltoid muscle, dipping slightly into the axilla, and stopping about the middle of the humerus. It was so exceedingly painful at times, that the man's rest was disturbed by it, and it prevented him from lying on the affected side.

The tumour was removed in two minutes and a half; it was as usual in these cases, a mass of fat, but on opening it, was discovered to have in its centre a deposit of bony matter—a complete ridge of ossific deposit, of about three inches in length. The tumour weighed two pounds and a half, entire, and as many little portions of fatty matter were taken away after the removal of the bulk, it is fair to infer that the whole tumour was little short of three pounds. It was only necessary to pass a ligature round the main vessel, which might perhaps be about the thickness of a crow-quill. The patient did well, and has not suffered in the least since the operation.

46. *Operations for removal of Ovarian Tumours.*—Dr. Jeaffreson has given, in the *London Medical Gazette*, (Oct. 18th, 1844,) a table of 74 cases, in which the removal of ovarian tumours has been attempted, and the following are the results:

In 37 cases the tumour was removed, and the patients recovered.

In 24 cases the operation was followed by the death of the patient: of these 24 fatal cases, the tumour was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumour in 4 cases.

Thus, again, in 74 cases in which the operation for extraction of ovarian tumour has been undertaken, it has been completed in 51 instances, in 14 out of which 51 instances it has been followed by death, and in 37 by the successful removal of the tumour and the recovery of the patient; whilst out of the 74

cases selected, it was found impossible to carry out the intentions of the operator in 23; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain *in statu quo;* 10 died. The cause of failure was impossibility of removing the tumour on account of adhesions in 14 cases; no tumour was found in 3 cases; and the tumour proved to be other than ovarian in 6 instances.

"One cannot but be struck," he remarks, "at the very first glance, with the prodigious proportion—23 out of 74 cases—in which an insufficiency of diagnosis led the operators to attempt that which was in reality impracticable. When such a surgeon as Lizars, backed by all the talent nearly of Edinburgh, has opened the abdominal cavity to remove an imaginary tumour, it cannot be doubted but that many and great difficulties surround this part of the subject."

The following are Dr. Jeaffreson's deductions:

"1st. It has been sufficiently established, that the extirpation of ovarian tumours is practicable, and that nature is competent to effect the great processes of repair, which so serious an operation demands.

"2dly. That as the mortality attendant upon these operations has been shown to be greatly heightened by taking into consideration the cases in which, from previous errors in diagnosis, the tumours have been found to be other than ovarian; or, being ovarian, from adhesions or other causes could not be removed; increased diligence and attention are required on the part of the surgeons to the previous diagnosis.

"3dly. That the modes of operating, after-treatment, &c., demand the *careful* and *impartial* consideration of the surgeon, as greatly affecting the possibility of completing the operation, as well as its ultimate result.

"4thly. That as whatever future improvements may diminish the risks of the operation, it must ever be considered one of great imminence, it cannot be recommended excepting in those cases in which the bulk of the tumour is productive of much misery and inconvenience; and is already inducing such constitutional disturbance as to threaten some probable limit to the existence of the sufferer.

"5thly. That however much assistance he may derive from general rules, the propriety of operating in each case must be decided with a due consideration of the merits and peculiarities of the case in question. A few rash operations must inevitably bring discredit upon the measure, however useful and valuable it may be when conducted with prudence and judgment.

"6thly. The fluid forms of tumour are the most appropriate for operation. They are generally the most rapid in their growth, and frequently refill with great rapidity after their evacuation by paracentesis. The risks of adhesion are less; as also the probabilities of mistake in diagnosis; or of other organs being diseased. Remedies, too, have the least power in the cure of this form of affection. In the monolocular variety, the operation could hardly be recommended, so long as tapping afforded perfect relief, and the fluid was very slow to re-accumulate. The multilocular form of disease is by so much the more appropriate for extirpation, in that tapping is attended with greater risk, and is calculated to afford but a limited degree of relief.

"7thly. The mixed forms of tumour are the least appropriate for extirpation: and proportionately so as they contain a greater amount of solid matter. There is a greater risk of adhesions, and also of errors of diagnosis; the opening required for their removal must be large in proportion to the mass of solid. The more solid tumours, if of an inert character, are slower in their growth, and *may* never induce much suffering or risk of life. Their cure is sometimes effected by nature or well-directed medical skill. Their growth sometimes is suddenly arrested, and they continue stationary and comparatively innocuous.

"8thly. Somewhat in exception to the last conclusion respecting the more solid but indolent ovarian tumours, it becomes questionable whether their removal may not be sometimes desirable, when their presence has induced ascites. Ascites thus caused can rarely be permanently cured by medical or

surgical means, so long as its exciting cause continues in existence; and life will, I believe, rarely be much prolonged under such circumstances. In the 45 cases above related, in which ovarian tumours were removed by the major operation, ascites is actually stated to have complicated 8 cases: in all the ovarian tumours were of the mixed character; and in 6 out of the 8 cases, the operations were successful.

"9thly. Extirpation cannot, with propriety, be recommended when the least suspicion exists of the malignant character of the disease; or when it is of strumous origin, and is connected with scrofulous disease of other organs, as the absorbent glands, joints, internal viscera, &c.

"10thly. In recommending the operation, it may not be amiss to view it as a means of removing an enlarged growth, which, whether solid or fluid, is producing misery and risk to life, chiefly by its mechanical inconvenience of bulk, or its drain upon the system: hence the surgeon will be alike cautious of operating in those cases in which the local disease, indolent and slow in its growth, produces comparatively little inconvenience and risk; and in another and very opposite condition of things, in which, without his being able to discover precisely the cause, the constitution appears shattered and impaired, in a degree disproportioned to the extent and importance of the local disease. In such cases, there is too great reason to fear that there is more mischief going on in the system than would be removed with the extraction of the ovary. The cases No. 4 and 6, as related above, are to this effect, in which it is hardly reasonable to suppose that the removal of the ovaries, even at an early stage of the disease, would have long retarded their fatal termination."

47. *Removal of a Diseased Ovary.*—Dr. Frederic Bird records, in the number of the *London Medical Gazette*, for August 16th, another case in which he has successfully practised excision of a diseased ovarium. The patient was twenty-one years of age, and had laboured under the disease three years. The method of operating was the same as in his previous cases. The length of the incision was four inches; the cyst was punctured, and after its contents were evacuated, its pedicle was transfixed by an instrument carrying a double ligature, firmly secured, cut through, and the tumour removed. The entire weight of the tumour was twenty-nine pounds. Its contents "had a specific gravity of 1007, a light amber colour, and contained but a very small quantity of albumen. The tumour appeared to have had its origin in a single vesicle of De Graaf, as lying upon its external surface could be distinctly seen the greater part of the ovarium, which, with the exception of increased density, did not present any marked evidences of morbid change. The Fallopian tube passed up along the posterior part of the tumour to the extent of ten inches, not closely attached, but apparently connected by a fold of broad ligament; its fimbriated extremity was free, and very perfect. The sac was abundantly covered by minute vessels running in the same direction, but not freely anastomosing; they were chiefly derived from one large trunk, which passed immediately beneath the Fallopian tube, but also in part from two branches of less size contained in that portion of the broad ligament in contact with the sac. The thickness of the walls of the cyst varied, being thinner at the superior portion, denser at the inferior, the parietes in the latter region having a thickness of nearly half an inch. Within the parent cyst a large number of secondary cysts were developed, for the most part of small size, and containing fluid secretion of darker colour than that by which the former was filled. The whole internal surface had a dark congested hue, and the part corresponding to the attachment of the pedicle was of an almost black colour: this appearance being in a great measure due to the presence of many venous trunks, of rather large size, into which numerous smaller vessels passed."

48. *Ununited fracture successfully treated by Acupuncture.*—The *Gazette des Hôpitaux* quotes from the *Giornalle per servire ai Progressi*, a case of ununited fracture successfully treated by acupuncture. The patient was a young man, twenty-six

years of age, of good constitution. Both bones of the forearm were fractured, and after nine weeks no union had taken place. M. Wiesel then introduced between the two ends of the ulna two needles, sufficiently long to traverse entirely through the false joint, and retained them in this position for six days. They were then withdrawn, their presence having produced pain and considerable swelling of the part. Fifteen days afterwards, M. Wiesel repeated the same operation on the radius. A simple bandage was applied to the limb, and in six weeks reunion was complete.

49. *Luxation of the Forearm forwards without fracture of the Olecranon.*—This is supposed, by most surgeons, to be impossible. M. Moxix has, however, recorded an example of it in the *Journal de Médecine de Lyon*. It occurred in a boy, between six and seven years of age, and resulted from a fall. It was reduced by the following plan. The shoulder was fixed by bands. The forearm being then strongly bent on the arm, M. M. placed his hands in the bend of the arm with his fingers crossed on the palmar face of the forearm, and drew this part downwards and backwards.—*Journ. de Méd. et de Chirurg. Prat.*, Feb., 1844.

50. *Influence of Traumatic Lesions of the Spinal Cord on diseases of the urinary passages.*—M. Segalas read a memoir on this subject to the French Academy of Medicine, founded on two cases of traumatic lesion of the spine, of which the following is an abridged account.

In July, 1839, a shoemaker, named Lamarre, fell into a cellar at Saint Denis: he was taken up insensible, and brought home to Paris. On examining the dorsal region, the apophysi of the fifth and sixth dorsal vertebræ were found abnormally prominent; there was complete paralysis of sensibility and myotility as high up as the umbilicus, and retention of urine and fæces. The catheter was introduced several times a-day, and the urine remained clear; a slough formed on the sacrum, but the body having been supported by stays and straps, it gradually healed. After fifteen months' treatment, Lamarre left Paris to live in the country; there was then retention of the urine and fæces, and the paralysis was as complete as at first. He is now still in the same state; he experiences occasionally, as it were, electrical shocks, which make his limbs jump: but the only sensation experienced is that of a trembling in the abdomen. The fæces are retained, but he labours under a kind of incontinence of urine. He has become very fat, the paralyzed limbs participating in the change. For some months after the accident, he was troubled with frequent erections; they have since subsided, but he has now venereal desires. He is in excellent spirits.

In May, 1840, a jeweller, thirty-seven years of age, fell from a tree on the loins. He immediately experienced a pricking sensation in the abdomen and the lower part of the body, and on attempting to rise, found that the abdominal limbs were paralyzed. There were no external lesions; the urine and fæces were retained. In spite of lengthened treatment, the paralysis remained the same six months after the treatment. A sound was left permanently in the bladder, and changed every ten days. At the end of the third month, the urine, which till then had been clear, became catarrhal, and the sounds were incrusted with phosphatic concretions. Under the administration of strychnine and the tincture of cantharides, sensibility began to return, firstly in the thighs, and then in the legs and feet. In the space of a few weeks the patient moved his limbs, and he became able to walk with crutches. During this time incontinence of urine succeeded to the retention. A phosphatic stone had formed in the bladder; it was destroyed by lithotomy. With this patient, erections commenced a few days after the accident. He is now able to accomplish the sexual functions; the testicles present their ordinary volume. He still labours at the present time under incomplete paralysis.

Following out the idea suggested by these cases, M. Segalas has made a number of experiments on living animals, in order to ascertain what is the physiological influence of the spinal cord on the functions of the genito-urinary organs. He firstly analyses the facts by which Krimer, quoted by M. Ollivier

d'Angers in his work on "Spinal Diseases," endeavours to establish, experimentally, that the secretion of the urine is modified by lesions of the spinal cord; and details his own experiments, which prove, on the contrary, that every portion of the spinal marrow may be successively destroyed without the secretion of the urine being suspended or even sensibly diminished, provided, on the destruction of the cervical portion, respiration be artificially kept up.

M. Segalas then examines what is the influence of traumatic lesions of the spinal cord on the composition of the urine. He has found, as the result of his experiment, that the section of the cord, either in the lumbar region or at the lower part of the cervical, has no constant influence on the quantity of urea in the urine, or on that of the phosphates, of the sulphates, of the uric acid, or of the mucus, and that if the urine be modified by this operation, which he considers doubtful, it is in a very diversified manner. He therefore thinks that the modifications which Krimer says occur in the constitution of the urine, after severe injury of the cord, cannot be considered constant. M. Segalas recapitulates the results of his researches and his opinions on the subject in the following propositions:—

1. Traumatic lesions of the spinal cord do not prevent the secretion of urine.
2. Nor do they directly modify its composition.
3. The change in the composition of the urine which shows itself subsequently, is the result of the catarrhal inflammation of the bladder. This inflammation is itself produced by the lengthened presence of the urine in the organ, or by the action of the permanent sound, and that with or without the assistance of other causes.
4. Traumatic paralysis is always primarily complicated by retention of urine. The incontinence which follows, if proper treatment be not resorted to, is, at first, the result of over-distension of the bladder, and subsequently of the inflammation which supervenes.
5. Traumatic lesions of the spine do not arrest the secretion of sperm.
6. They do not sensibly alter its composition.
7. They are often attended with erections without desires, which are sometimes followed by desires without erections.
8. They do not always prevent sexual intercourse.
9. They do not prevent conception or gestation, but when such lesions exist, artificial means become necessary to accomplish parturition.

By these propositions M. Segalas evidently means to assert that the spinal cord exercises little or no influence on the functions of the kidneys, the testicles, or the ovaries, whereas it keeps under its immediate control the bladder, the seminal vesicles, and the uterus.—*Lancet*, Oct. 19, 1844.

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51. *On the Treatment of Syphilis by tartar-emetic.*—Dr. Willebrand was induced to make trial of tartar-emetic in the treatment of syphilitic complaints, in the military hospitals, from observing the rapid removal of a blenorrhœa in a patient who was using that medicine for an attack of rheumatism. On trying the efficacy of this medicine on a large scale, he found that urethral discharges were, in general, removed in from six to fifteen, or, at the most, twenty days. It was, however, in the cure of true syphilis that this medicine was found of superior efficacy. Cases of primitive chancre were cured by the internal use of tartar-emetic alone, in from ten to twenty-days, no application having been made to the sore but simple water dressing. In a few cases, in which there was much induration of the base of the sore, a cure was not effected. In thirty cases of secondary affection, under the form of ulcerations of the throat, &c., all symptoms of the disease disappeared in from eleven to fifteen days. The tartar-emetic was, however, continued, as a precautionary measure, for five or six days longer, after which the medicine was discontinued; and though two, and, in some instances, three years have since elapsed, no relapse has occurred among all these cases. Most of the cutaneous affections rapidly and easily yielded; but some of the more inveterate ones, as the pustular and squamous syphilitic eruptions, required from twenty to twenty-eight days for their re-

injury has ever resulted. M. Rognetta says that he has seen, in the service of M. Jobert, cases of extremely severe erysipelas arrested and cured, as if by enchantment, solely by the use of this ointment.

55. *Mortality attending the Operation of Tying the large Arteries.*—Mr. Thomas Inman, of Liverpool, gives, in *The Lancet*, (October 5th,) the following table, drawn out after carefully examining all the medical periodicals for a long series of years:—

Artery subjected to ligature, &c.	No. of cases.	Deaths.	Proportion.
Cases collected by Phillips from the works of Boyce, Lancisi, Scarpa, Pelletan, &c., where old operation was performed:—			
Femoral tied,	22	6	1 in 3¾
Humeral tied,	7	1	1 in 7
Hunterian operation:—			
Ligature of arteria innominata,*	6	6	all die
Ligature of subclavian,	40	18	1 in 2
—— of carotid,	40	11	1 in 4
Abdominal aorta,	3	3	all die
Common iliac,	8	3	1 in 2¾
Internal iliac,	4	2	1 in 2
External iliac,	27	9	1 in 3
Femoral,	42	7	1 in 6
Total,	199	66	1 in 3

56. *Fibrous Tumour of the Parotid.* By Prof. Vanzetti, of Karahoff, (Russia.) (*Annales de Chirurgie*, Aug., 1844.)—The patient was a man 40 years of age, and the tumour weighed three and a half pounds. It was extirpated, and the patient left the hospital cured on the 20th day, with only a slight paralysis of the face.

57. *New Operation for Varicocele.*—M. Videl (de Cassis) has communicated to the French Academy of Medicine the following operation for varicocele:—

An incision, of a line or two in length, having been made in the scrotum, so as to include a fold of the skin, a small silver thread is passed behind the veins of the cord, and a second thread, of the same metal, through the same apertures, anteriorly to the vein. The extremities of the two threads are then united and twisted, on each side, until the space which separates the veins is so reduced as to strangulate them.

The twisted metallic thread, which thus embraces the spermatic veins, is then turned a certain number of times, so as to roll the veins on its axis. When this rolling of the veins appears to have been carried to a sufficient extent, the two free extremities of the metallic ligature are brought forward, crossed and twisted on a small roller bandage. A metallic sound, or a piece of stick, being placed in the angle formed by the union of the twisted extremities, constitutes a kind of tourniquet, by the means of which pressure is applied to the veins, and daily increased, until they, and the parts comprised between the thread and the bandage, are entirely divided: this generally takes place in from ten to fifteen or twenty days, and the cure is completed in the space of from one to two months.

M. Velpeau, in behalf of a committee to whom the subject was referred, in

* The only successful case, if so it may be called, is related by Mr. Porter, of Dublin, where the artery was cut down upon and found too much diseased to bear the ligature; the wound closed readily, and the aneurism was cured.

moval. In some of these, from the antimony disagreeing, it was requisite to intermit its use.

In all the cases the tartar-emetic was administered internally in the same manner, viz., half a grain six or eight times a-day. The first doses generally produced vomiting; but by the second day tolerance was produced. When this large dose seemed to disagree, an eighth of a grain was given in the same manner, but then it often failed to effect a permanent cure. Cleanliness, repose, an equable temperature, and regulated diet were the only adjuvant means used; and Dr. Willebrand thinks that these cases show, that, in very many cases, the tartar-emetic may be substituted with advantage for the more dangerous mercurial treatment.—*Edin. Med. and Surg. Journ.*, October, 1844, from *Gaz. Méd. de Paris*, April 6th, 1844.

52. *Case of recovery from wound with Hernia of the Lung.* By Dr. Barbieri.—A boy, thirteen years of age, fell from a tree upon the point of a hay fork, which tore up the right side of the anterior part of the chest between the fifth and sixth ribs. The wound was transverse, about three inches in extent, and through this projected a considerable piece of the lung, also wounded in a transverse direction. There was a frequent cough with a gurgling sound in the bronchial tubes, but no bloody expectoration. The usual phenomena of a severe accident were present. The lung was reduced, the lips of the wound brought together by suture, and, by following an antiphlogistic regimen, the patient recovered without a bad symptom.—*Ibid.*, from *L'Expérience*, August, 1844.

53. *Popliteal Aneurism in a child.*—Professor Syme relates, in the *Lond. and Edin. Month. Journ. Med. Sci.*, (October, 1844,) a case in which he successfully tied the femoral artery for popliteal aneurism, in a boy only nine years of age. The disease had been first noticed two years previously. Sir Astley Cooper states that the earliest age at which he has met with aneurism was eleven years.

54. *Epidemic Erysipelas.*—Dr. Rognetta states, in the number of his *Annales de Thérapeutique Médicale et Chirurgicale*, for June last, that erysipelas prevails in all the hospitals of Paris. At the Hotel-Dieu, at Beaujon, at St. Louis, and at La Charité, erysipelas, he says, is general. The slightest contusion, the least irritation, the puncture of an abscess, promptly give rise to erysipelas, which often runs a fatal course.

At the Hôpital Vénériens, the disease, in many cases, affects the peritoneum, and terminates fatally. At La Charité, it constantly assumes the phlegmonous form, and is very formidable, and frequently fatal. Of four patients recently treated in the service of M. Gerdy, for contusion of the elbow, every one was seized with severe phlegmonous erysipelas, with sphacelus of the subcutaneous cellular tissue. At St. Louis, the epidemic has assumed even a still more terrible form, that of *hospital gangrene*. At the Hotel-Dieu punctures from bleedings, or from leech bites, inflame, suppurate and terminate in fatal phlebitis; or they induce erysipelas, which extends to other parts and occasions very dangerous symptoms. Abscesses of little consequence, which at other times would heal in a few days, become a source of phlegmonous erysipelas after being opened, which requires a long treatment and the protracted stay of the patients in the hospital, even, indeed, if they do not fall victims to it.

The treatment has been antiphlogistic in all the hospitals. M. Gerdy has employed deep scarifications; M. Blandin leeches, in great numbers, along the course of the vessels and over any engorged glands which may exist. M. Jobert treats the disease with frictions, with an ointment of nitrate of silver, which he regards as a powerful antiphlogistic, and M. Rognetta says that the disease is *constantly* limited by it. M. Jobert employs the ointment of three degrees of strength, according to the intensity of the disease; the proportions are four, eight and twelve parts of the salt, to thirty parts of lard. This ointment is copiously applied over the whole part affected with the disease, even the whole body if necessary, which gives to the patient the appearance of a negro, but no

60. *Gunshot wound of the Chest,—evacuation of the ball per anum.*—(*L'Experience*, 4 July, 1844.)—Dr. Cox records in the *Repertorio medico-farmaceutico de la Societad de Emulation de Barcelona*, March, 1844, the case of a boy fifteen years of age, who was shot from a height, the ball penetrating the chest on the left side, at the middle of the sixth rib, fracturing this bone. He was taken to the Hospital of Barcelona. Fever came on, with bloody expectoration, difficulty of breathing, and pain in the chest; notwithstanding an energetic treatment, the respiration became more and more difficult, and the patient died on the twelfth day. But what was curious, was, that the patient passed the ball per anum on the sixth day, without ever having presented the slightest symptom of any irritation in any part of the alimentary canal, or of effusion of any fluid in the thoracic or abdominal cavity, or of lesion of the diaphragm. On *post mortem* examination it was found that the ball had passed from the base of the lung into the stomach, and adhesions had formed between the diaphragm and stomach. The opening in the stomach was round, the whole of the left lung adhered to the costal pleura, and was infiltrated with pus.

61. *Discharges from the Ears.*—Mr. Wilde, of Dublin, has written [*Dublin Journ. Med. Sci.*, Jan., 1844,] a most excellent treatise on the causes and treatment of otorrhœa, chiefly dwelling on the affections of the external tube and external surface of the membrana tympani. There are few diseases which are more frequently neglected and carelessly treated than those of the external ear; and few which, when allowed to proceed, entail more inconvenience on a patient during the remainder of his life. In simple otorrhœa Mr. Wilde paints over the surface with a solution of nitrate of silver, ten grains to the ounce, applied with a fine camel's hair pencil, either to the whole or a portion of the surface, according to the extent of the disease. This is repeated every third day, and in the interval the ear is syringed night and morning, and oftener if the discharge is copious, with plain tepid water, by means of a gum-elastic bag, which, when used by friends, is much preferable to the usual piston syringe, and at night a slightly astringent lotion is dropped into the ear till it fills up the meatus, and allowed to remain there for a few minutes. For this purpose we may use liq. plumbi diacet ʒi. to one ounce of water or rose water; or weak solutions of alum, copper, or chloride of lime. But otorrhœa is often exceedingly difficult to cure, owing to its being caused by morbid vascular growths, such as granulations on the membrana tympani, which are allowed to proceed undiscovered. In such a case the part appears quite red and vascular, and Mr. Wilde recommends the application of the solid nitrate of silver, rubbed over the part about every second day, or oftener if necessary: and for this purpose he uses a very neat little instrument which is five and a half inches long, consisting of a silver tube, cut spirally for three-fifths of its length, and having an aperture on the side near the extremity. In using this *port-caustic*, a little nitrate of silver is melted over a lamp on a small platina ladle, and then, when about cooling, the end of the *port-caustic* is dipped into it till the aperture and extremity are filled and coated over with the caustic. We often find, however, that discharges from the ear are kept up by polypi, which it becomes necessary to remove: and for this purpose Mr. Wilde recommends a little instrument, first recommended, we believe, by Mr. W. Robertson, surgeon to the Kelso Dispensary. It is a small snare-like apparatus, consisting of a fine steel stem, with a movable bar sliding towards the handle. It is so constructed that a noose made of fine silver or platina wire may be pushed down to the polypus, so as to surround and ensnare it. The morbid growth may thus be safely and cautiously taken away, either in part or wholly, and by the regular application of the armed *port-caustic* from day to day, all trace of the growth may ultimately be extinguished.—*Braithwaite's Retrospect*, 1844.

62. *Bursal Swelling of the Wrist and Palm of the Hand.* By James Syme, Esq. —There are few subjects of surgical practice that have occasioned more trouble and disappointment than morbid distension of the bursa, which accompanies the

his report states, that they do not consider M. Vidal's operation easier, less complicated, or less dangerous than those usually resorted to, but that it may prove more efficacious in its subsequent results from an extensive destruction of the veins.

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58. *Mortality attending the Operation for Hernia.*—Mr. Thomas Inman has published in *The Lancet* (Oct. 5) the following table, showing the mortality attending the operation for hernia:—

Where, or by whom recorded, &c.	No. of cases.	No. of deaths.	Proportion.
In Sir A. Cooper's work on Hernia,	77	36	1 in 2
By Travers,	14	8	1 in 1¾
Dewar, of Dunfermline,	17	4	1 in 4
Scarpa (on Hernia),	16	5	1 in 3
Lawrence (on Hernia),	22	7	1 in 3
Clement,	8	3	1 in 2⅔
Hey (he performed the operation forty times, but no detailed account is given of all the cases),	12	6	1 in 2
Wurtzburg, from 1816 to 1842,	56	24	1 in 2⅓
Recorded in different periodicals as isolated cases, &c.,	88	30	1 in 3
Malgaigne's, Hospitals of France:—			
Patients between fifty and eighty years of age,	97	70	1 in 1¼
Other ages,	86	44	1 in 2
Guy's Hospital, from September, 1841, to December, 1842,	19	10	1 in 2
Scotch hospitals during 1843,	11	3	1 in 3⅔
Cases witnessed by the author,	6	3	1 in 2
Liverpool Infirmary, for two years,	4	1	1 in 4
Liverpool Northern Hospitals—nine years,	12	6	1 in 2
Total,	545	260	1 in 2

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59. *Immovable Bandages of Starched Paper for the Treatment of Fractures of the Limbs.*—By M. Laugier.—Bands of starched paper are arranged as in Scultets' bandage, and form three super-imposed layers. The limb is placed upon these, and after the fracture is reduced, the bands are applied. Other bands of paper, also starched, are applied around the foot, and extending up the leg so as to form a boot, accurately moulded to the part. After drying, which is obtained in twelve hours in summer, and twenty-four hours in winter, by the aid of heated balls or bricks, this apparatus forms a very solid and light mould, which allows the patient to move in bed. Before drying, this bandage is firmer than the ordinary Scultets': the patient, however, must be perfectly quiet for some hours after its application. It can never be too tight; it is suited to every stage of fracture, even to fractures complicated with wounds. But in the latter case, the limb must be first enveloped in gum-elastic cloth, in a single piece, to preserve the paper from the pus, which softens it. Surgeons who have used this, are pleased with it. It may be employed in all cases to which the immovable apparatus is applicable:—it cannot, however, be used for effecting compression: it is useful principally to secure the immobility of fragments, and painful parts. It commends itself by its lightness and its cheapness; the latter of some importance for poor patients, in the country, and in charitable institutions poorly provided with bandages.—*L'Expérience*, 1 Aug., 1844, *Extrait des titres du Docteur Laugier.*

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pathological views, it is far from improbable that the treatment he has adopted may be useful in some cases, and it is certainly worthy of a trial.]

64. *New method of curing Lachrymal Fistulæ and Chronic Lachrymations reputed incurable.* By Dr. Paul Bernard, (*Revue Méd.*, Dec., 1843.)—This method consists in the ablation of the lachrymal gland, and Dr. Bernard relates one case in which he resorted to it with success. The patient was a man 30 years of age, who had had lachrymation of the left eye for ten years, during which period he underwent various methods of treatment without receiving any relief. The eye was so constantly suffused with tears as to render vision with it indistinct. After trying various means without success, Dr. B. excised a portion of the lachrymal gland. This having afforded some relief, though it did not effect a cure, two months afterwards Dr. B. extirpated the remainder of the gland. The result, he says, was perfectly satisfactory. Dr. B. says, that though every vestige of the left lachrymal gland was removed, the left eye was more moist than the right, and, what is still more extraordinary, that the left nostril, which had been dry for ten years, has become at times moist.

[It will require much stronger evidence of the advantages of this operation, than has been adduced by Dr. B., to lead us to prefer it to the already recognized means of treating lachrymation, and which we have reason to regard as much more frequently successful than is represented by him.]

65. *Cyst attached to the anterior surface of the Iris.*—A very interesting case, in which there was a cyst attached to the anterior surface of the iris, is recorded in *The Lancet*, (Aug. 31, 1844,) by John Dalrymple, Esq. The subject of the case was a fine, healthy-looking girl, 16 years of age. When about 13 years old, she first observed a clear, transparent speck, the size of a pin's head, at the inner border of the cornea, within the anterior chamber of the left eye, unaccompanied with pain or redness. It remained stationary, and her vision was unaffected until six weeks ago, since which time it has increased rapidly, and her sight has rapidly declined. Her health was perfectly good. When she came under Mr. D.'s care, there was in the anterior chamber of her left eye, "a roundish or slightly oval body, cystiform in appearance, semi-transparent or gelatinous-looking, adherent to the ciliary border of the iris, at the inner side. It was attached also to the internal junction of the cornea and sclerotica, but its superior, outer and part of its inferior border, appeared to be free. This body was not unlike a dislocated lens just commencing to become opaque, but not so round, nor was it movable. It occupied rather more than half the anterior chamber, extending in front of the pupil, which was nearly shut out and dimly seen through the semi-transparent mass. The tumour appeared to be in contact with the concave aspect of the cornea, but the outer border free and slightly undulated or crenated, the extreme edge of which was of a bright brown colour, while the rest of the mass was merely of an opaline tint. The outer margin of the pupil was just seen behind, and the iris, so far as it was visible, appeared bright, of a healthy hazel colour and possessing its ordinary fibrous aspect. There were a few tortuous vessels on the lower part of the sclerotic coat, but, upon the whole, little or no vascularity was present. The eye, however, was irritable, with a good deal of lachrymation.

"The actual character of this tumour not being very distinct, she was placed upon a mild alterative mercurial course, rather for the purpose of watching the case, than with any hopes of absorption taking place. During the few succeeding weeks the tumour appeared but very slowly to increase, and she was directed to go home, and return again in the commencement of the warm weather. She, accordingly, again presented herself in the early part of May, and the mercurial plan, combined with counter-irritation, having failed to check its progress, she was admitted an in-patient, under the care of Mr. Dalrymple, on the fifth of June, 1844.

"It was now resolved to puncture the tumour, its cystiform character being more apparent from the body becoming more transparent as it increased; and

flexor tendons of the forearm, in their course under the annular ligament of the wrist, towards the fingers. The resistance of the ligament prevents any enlargement of the bursa where lying under it; but the wrist and palm become distended, so as to occasion an unseemly swelling, and weakness of the hand. The fluid effused into the cavity is generally associated with numerous small cartilaginous-looking bodies, of a lozenge or lenticular figure.

In treating this form of ganglion, the means generally employed prove very unsatisfactory in their effect. Blisters and pressure are altogether unavailing. Punctures either heal without producing any improvement, or remain open, so as to occasion obstinate sinuses. Incisions of larger extent, caustics, and setons, have all been carefully employed with very uncertain benefit, and frequently great suffering; indeed I have known the continued irritation so induced prove fatal. As the treatment of similar derangements in other parts of the body is not attended with such troublesome consequences, the question naturally presents itself, what local peculiarity is concerned in causing the obstinacy of this particular case? The reply suggested by what has fallen within my observation is, that the constriction caused by the annular ligament produces the effect in question, by preventing the portion of bursal sac corresponding to it and the subjacent tendons from undergoing the healing process. Impressed with this conviction, I tried the following experiment, the complete success of which encourages me to hope that the method pursued will be found to afford an effectual remedy for a complaint which has hitherto proved so troublesome.

Janet Preston, aged 20, was admitted on the 13th of February, complaining of pain and weakness in her left hand. The wrist and palm of the hand were much swelled, but not discoloured, and pressure on these parts caused distinct fluctuation, with the jarring sensation that characterizes effusion into the bursal sheaths. She stated that pain had been first felt about two years before, and that for the last twelve months she had had hardly any use of the hand, in consequence of the swelling and weakness attending it.

I made a free incision from the wrist into the palm of the hand, dividing the annular ligament. This gave vent to a quantity of glairy fluid, with many small flat cartilaginous-looking bodies, and exposed to view the flexor tendons, separated and surrounded by thickened bursal membrane. The cavity was filled with dry lint, supported by a bandage moderately compressing the hand and wrist. In the subsequent treatment care was taken to prevent protrusion of the tendons, by drawing the edges of the wound together, and applying a compress over the seat of the annular ligament. Not the slightest disagreeable symptom followed the operation, and three days after it, the patient was able to sew, which she had been prevented from doing for many months previously. In the course of a few weeks the wound healed, and the limb was in every respect perfectly sound.—*Lond. & Ed. Month. Journ. Med. Sci.*, Oct. 1844.

OPHTHALMOLOGY.

63. *Epidemic Ophthalmia.* (*Archives Générales*, June, 1844.)—M. Morant, in a memoir, addressed to the French Academy of Medicine, on an epidemic ophthalmia, which prevailed in the depot for young criminals at Mettray, states, that in almost every case the disease commenced as coryza, and that the Schneiderian membrane was inflamed in a great number of cases. This led him to believe that inflammation of that membrane was a frequent cause of ophthalmia, especially in young persons, and induced him to treat the disease by the application of nitrate of silver, either in a solid state, in concentrated solution, or in the form of ointment to the mucous membrane of the nose twice daily during the acute stage of the disease, and subsequently once a day. This treatment, he asserts, succeeded while all the means usually employed failed.

[While we cannot but feel some doubts as to the correctness of M. M.'s

nant on the 1st of January, 1843. For the first four months which followed, she was so well that she was only rendered sensible of her pregnancy by the motions of the fœtus in the twenty-first week of utero-gestation; these movements were accompanied with very severe pain in the back, but continuing only a few minutes, and which distressed her the less, as she had experienced the same when sixteen years of age. Nor was she any more concerned about a tumefaction of the skin with a small ulcerated spot which had appeared some time before upon the right side of the abdomen, about a hand's breadth from the cicatrix left by the Cæsarian section. This ulceration seemed to enlarge daily, discharging pus and sometimes blood; it gave little or no pain. On the 14th July, having taken cold, she had fever with pain in the sides, back and abdomen. Dr. Schrœder, who was called to see her, felt so distinctly the infant through the abdominal parietes, that he at first thought it an extra-uterine pregnancy. That night she had pains resembling those of labour, but they soon ceased. She soon recovered from this attack, but the motions of the fœtus were no longer perceptible. On the evening of the 18th July, she experienced an urgent desire to go to stool and to urinate. She got out of bed, walked a few steps, and called her sister to bring her the chamber. Suddenly the abdominal parietes burst with a slight cracking sound, and through the rupture the fœtus presented, enveloped in its membranes. Being alone, she endeavoured with her two hands to prevent the escape of the mass. A midwife called at the instant, removed the fœtus which had escaped by the rupture and was dead, and put the patient to bed. Dr. Schrœder arrived an hour afterwards. He found a large transverse rupture of the abdominal parietes, five inches long, a hand's breadth below the umbilicus. The membranes and a part of the omentum protruded on the right side, and on the left was the cord and the placenta still adherent to the internal surface of the uterus. Dr. Prael saw the patient soon afterwards. She was at this time in a satisfactory condition; she was, it is true, pale, and pulse small, but there was nothing in her words or actions which indicated any great danger. The hemorrhage had not been abundant; the wound was not painful, it merely smarted slightly. It gaped so much that, at first view, doubts might have been felt whether it was transverse or perpendicular. The right side of the wound was occupied by a violet tumour, the size of the head of a new-born child, formed by the membranes filled with coagulated blood, and a portion of omentum. The placenta in part visible, and a portion of the cord occupied the other part of the wound. None of the intestines had prolapsed.

As the umbilical cord was so slender as to give rise to fears that it would break by the least pulling, Dr. Prael introduced three fingers into the uterus through the abnormal opening. That organ was already contracted, so that the direction of the wound in it could not then be determined with certainty. Dr. Prael detached, not, however, without difficulty, the placenta which was attached to the posterior parietes of the uterus. The blood was removed, the lips of the wound in the uterus brought together, and the omentum replaced. Not being able to use sutures to the abdominal wound, its lips being swollen, unequal, and œdematous, he kept it closed with adhesive straps placed perpendicularly, and completed the dressings with soft compresses and a bandage.

The reaction which followed this severe lesion was moderate. The wound assumed, however, an unhealthy appearance, discharged copiously a bloody sanies, and its margins became gangrenous. Nevertheless, except the stools, all the functions were performed normally; even the lochia flowed by their natural route. Gradually the appearance of the wound became better, it discharged healthy pus, and under a tonic and invigorating treatment, the cicatrization went on, and by the 5th October, it was complete. Six weeks after this accident menstruation reappeared, and about the end of October, she menstruated a second time without pain, the discharge less abundant, however, than at the first time.

it was hoped, if the contents could be evacuated without discharging the aqueous fluid of the anterior chamber, the increase of this latter fluid, on the removal of the pressure of the tumour, would cause the sides of the cyst to collapse, and, perhaps, prevent its re-accumulation. A broad needle was introduced, on the 5th of June, into the lower and inner part of the cyst, at the point where it seemed most adherent to the circumference of the cornea. The needle being turned upon its edge, a semi-opaline fluid, of a saponaceous feel, was evacuated, and the cyst, sensibly shrunk, left the pupil nearly wholly exposed. Two-thirds of the iris were now seen, the pupillary margin was quite free, and vision at once restored.

"Slight irritation followed this puncture, and required the application of a blister, but on the following day the cyst had filled again nearly to its former size.

"On the 8th the pupil was again partially seen, and from this time to the 19th of June, the cyst gradually decreased, until about two-thirds of the pupil were visible. The cyst had also become much more transparent, and it could now be seen that a considerable opening in the iris existed at the inner side, around the margin of which the cyst was firmly adherent. In proportion as the cyst diminished, the aqueous fluid of the anterior chamber increased, and all irritation resulting from the operation subsided.

"On the 22d of June the needle was again introduced, and the whole of the contents of the tumour were evacuated, and on this occasion nothing was left but the flocculent-looking membrane of the cyst. It was not deemed advisable to attempt the extraction of this, inasmuch as it was hoped the pressure of the increasing natural aqueous secretion would cause a total collapse of the walls of the tumour.

"On the 26th the cyst appeared perfectly empty, and its fine membranous walls were flattened, apparently adhering to the concave aspect of the cornea, and so transparent that the iris could be easily seen through this filmy obstruction. It was now evident that a considerable gap existed on the inner side of the iris, reaching nearly to the pupillary edge, which at this part was irregular, and rolled up, as it were, upon itself. The opening which thus existed in the plane of the iris was traversed by fibrinous or membranous bands, and to this the base of the cyst evidently adhered.

"*July* 6. The cyst remained empty, its membranous parietes still more transparent. The pupil round, black and unobstructed; vision good; no irritation existing."

MIDWIFERY.

66. *Cæsarian operation performed with success both for the mother and child: rupture of the uterus and of the abdominal parietes thirteen months subsequently, during a second pregnancy: delivery of the fœtus through this spontaneous opening; complete recovery of the mother.*—This very extraordinary and, we believe, unique case, is related, by Dr Praël, director of the Obstetrical Institute of Hildesheim, in *Neumeister's Allgem Repertorium der gesam. Deutsch Med. Chirurg. Journalistik*, for June, 1844. We abridge the details from the *Archives Générales*, for Sept. 1844.

The subject of the case was a woman, twenty-eight years of age, who had a deformed pelvis, resulting from rickets, which prevented delivery per viam naturalem. The Cæsarian operation was performed on the 11th January, 1842, and a live infant extracted, which, however, died when nine days old with trismus. The mother slowly recovered without any alarming symptoms. The wound did not, however, completely cicatrize for two months. The menses reappeared about the middle of August, and the patient left the hospital in good health, on the 17th of September. The cicatrix was five inches long, and from a half to three-quarters of an inch broad.

Notwithstanding all the dangers of her first labour, she became again preg-

patient being now made clean, was left to rest. Her countenance was pale and shrunk; on a sudden she had hiccup, and severe pain in her back and loins; her pulse was weak, and she had given to her a draught of liq. anod. miner. Hoffm. tinct. cinnamon. et tinct. opii.

Before midnight the bandage was made looser on account of severe pain; and at two hours after, the bandage was removed entirely. A small artery bleeding showed itself in the hernial sac, and some coagulated blood was found in the cavity of the uterus and its vicinity. Towards the morning of the 20th of January, the patient was more quiet, but very weak, and ether was given to her. On that day a constant vomiting followed after every thing she took, without distension and sensibility of the abdomen; and with these symptoms the patient died at between three and four o'clock on the morning of the 21st. The *sectio cadaveris* was made thirty hours after death.

The circumference of the tumour, taken horizontally, measured seventeen inches; and longitudinally, twenty-one inches nine lines, and the base eighteen inches eight lines. In the cavity of the abdomen it was discovered that hemorrhage had taken place from the wounded uterus—the ligature applied to the incision of the hernial sac being found in its proper place. The inguinal ring was so much extended as to admit an open hand to pass through with ease. The hernial sac was above, and to the right, and the uterus below, and to the left part of the ring. The incision in the uterus was found to the right, and in front. The colon was found detached, but lying in the hernial sac, and measuring twelve inches in its outer circle. A small fold of this intestine was found adhering to the inguinal sac posteriorly. The pelvis was large and well formed.

The infant is still living, and healthy.—*Lond. and Edin. Month. Journ. Med. Sci.*, January, 1844.

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68. *Polypus of the Uterus adherent to the Placenta successfully removed.* By M. Aubinais.—A woman, ætat. 35, was afflicted, after two natural deliveries, with frequent floodings, accompanied with pains in the loins. This state continued for five years, when she became pregnant a third time. When M. Aubinais was called to her, he found that the fœtus was expelled, the cord broken, and the placenta retained in the uterus. The insertion of the cord into the centre of the placenta was felt by the finger passed along it; but at twenty-seven millimeters to the left of its point of insertion, the presence of a tumour of the size of a large hen's egg was discovered, which made the placenta swell out into the shape of the bottom of a lamp. The placenta was detached from left to right, and the polypus was found to adhere to it, which explained the rupture of the cord. When the placenta was pulled, the polypus was drawn with it, as well as the uterus. M. Aubinais firmly supported the uterus with one hand on the hypogastrium, then seizing the polypus, which appeared to him to have an elongated pedicle, he twisted it, and brought it away without much difficulty. The entire placenta came away with the polypus, and without much hemorrhage. The adhesions of the polypus to the placenta were examined, and found to be strong, particularly over a space of the size of a franc piece. Several very small vessels had kept up the circulation between the polypus and the placenta, and on pressing these bodies at the same time, these vessels were seen to fill with blood. The patient was soon cured, and she has since been confined, making her fourth time, without any untoward symptom.—*Lond. Med. Gaz.*, Sept. 20th, 1844, from *Gaz. Méd. de Paris*, Sept. 7, 1844.

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69. *Juice of the Urtica Urens in Uterine Hemorrhage.*—M. Mérat read a report to the French Academy of Medicine, (23d of July,) on a communication of M. Ginestet, relative to the hemostatic properties of the urtica urens. It appears from the cases related in the memoir, a brief analysis of which is given by the reporter, that the juice administered in several cases of uterine hemorrhage, in

67. *Case of Gravid Uterus passing into the Sac of an old Inguinal Hernia.—Cæsarian Section.* By THEOPHILUS FISCHER, M. D.—On the 12th October, 1832, Magdalene Münger, forty-four years of age, from Wohlen, living in the parish of Kœnitz, was taken as an urgent case to the surgical department of the hospital (Insel) at Berne, under the superintendence of Dr. Isenschmid, (professor of surgery), in whose absence, at that time, the duties of the institution were conducted by the author of this paper.

Upon examining the patient, it was found that she had had seven children, six girls and one boy. Ten years previous to her marriage she had an inguinal hernia on the right side, which was neglected, she never having worn a truss. In every pregnancy the woman suffered much inconvenience from the hernial tumour, which frequently became very large.

She was now pregnant of her eighth child, and at the sixth month of her pregnancy. The hernia had been incarcerated for several days previous to coming into the hospital, but her sufferings had been subdued by cataplasms of linseed meal and cold applications, by which means the hernia was reduced. After the hernia was reduced, the most severe pains came on suddenly in the whole abdominal region, in the loins and lower extremities; and, during these pains, the impregnated uterus got out of its natural position and protruded through the inguinal ring, covered by the hernial sac. The gravid uterus was easily distinguished, and of an egg-like form, resting upon the thighs to the length of eight inches downwards, and six inches in circumference. The woman, lying upon her back, was free from pain. No menstrual discharge had taken place for six months. On examination per vaginam, the os uteri was found, as is generally the case in pregnancies of six months, only a little retracted, higher and more inclined to the right side. The functions of the bladder and rectum were natural. The abdomen was small, relaxed and wrinkled. By applying the stethoscope to the lower and anterior part of the tumour, and placing the ear on the orifice of the instrument, regular pulsations were discoverable. From this time the patient never abandoned her bed, always maintaining her position on the back; and in this position she was tranquil, and had no return of pain up to the full period of her pregnancy, although the dimensions of the uterus gradually increased to such a degree that, on the 19th January, 1833, it measured twenty-five inches and two lines in circumference, and in length twenty-two inches and ten lines, the circumference at the base being considerably smaller. On the above-mentioned day, at six o'clock in the evening, the woman felt herself unwell: she had pains in her loins and abdomen, and contractions in the uterus; the orifice of the uterus became dilated, and, between six and seven o'clock, the waters per vaginam escaped, upon which the pains increased prodigiously. In consultation, Dr. Leuch decided upon performing the Cæsarian section, which he performed about nine the same evening, in the presence of Professors Isenschmid, Hermann, Emmert, the medical men Nichans, Fischer, and some students.

The woman, placed on her back, Dr. Leuch standing on the right side of the patient, formed on the lower half of the tumour a fold of the integuments on the right side, making an incision longitudinally, seven inches in extent. By a second incision, he opened the hernial sac, and the fundus of the uterus; the placenta, which adhered at this part, was divided by the same incision, and bled profusely, after the opening into the uterus was enlarged. The membranes were also divided, out of which the remaining part of the waters ran. The operator then introduced his hand, and found a living, healthy, well-formed child, with its head at the fundus of the uterus, and with its feet towards the hernial ring. The funiculus umbilicalis was divided and tied, the placenta detached, and the child given to the care of a nurse. The wounded uterus bled very much, and retracted itself to at least three-fourths of its former extent. The wound of the integuments was now made clean, and brought together by ligatures. At the lower part an opening was left, to admit of the escape of blood. Upon the incision were placed some straps of adhesive plaster, and compresses of lint, and the whole secured by a spiral bandage lightly. The

in 1817, that the symptoms are entirely different from those of hydrops amniosis. The regular form of the fundus and body of the pregnant uterus, he states, is not evident to the touch in these cases, from the enormous distension and prominence of the hypochondria, arising from the great quantity of fluid interposed between the fundus and posterior part of the uterus and abdominal viscera.—The urine is scanty and lateritious, and the thirst is constant. The abdomen, upon percussion, presents a fluctuation obscure in the hypogastric region and in the flanks, but sufficiently sensible and distinct in the hypochondria, and strong and vibratory in the left hypochondrium, between the edge of the rectus muscle and the margin of the false ribs. These symptoms, with the previous history of the patient, may afford us, in doubtful cases, some assistance in the diagnosis, but our principal dependence must be placed on the information acquired by a careful examination of the state of the cervix and body of the uterus.

Having arrived at a correct diagnosis, the treatment of dropsy of the amnion becomes simple. Our object ought to be to relieve the urgency of the symptoms occasioned by the over-distension of the abdominal cavity, and the only safe mode of giving this relief is, by puncturing the membranes, and evacuating the superabundant liquor amnii. In four of the cases related, this was had recourse to with success, and in one the life of the child was preserved. In another, the mother's life would have been saved had this been done at an earlier period. In all the other cases, the spontaneous rupture of the membranes was followed by alleviation of the symptoms, and the birth of a child rendered by disease incapable of supporting life; a further proof that the evacuation of the liquor amnii is attended with beneficial consequences. The artificial rupture of the membranes, if the operation be carefully performed, is not more dangerous than the spontaneous rupture, and if the ease and safety of the mother can be insured, we ought not to be induced to delay its performance by apprehension for the life of the child, since from its diseased state, in the greater number of instances, it will be still-born. The only difficulty that can arise respecting the treatment, is in cases of dropsy of the amnion complicated with ascites. Even here I would recommend the evacuation of the liquor amnii, as the best remedial measure that can be had recourse to, since it relieves the leading symptoms produced by the pressure of the excess of fluid in the peritoneum and amnion on the neighbouring organs, which are the only symptoms necessary to be counteracted. After delivery, the effusion into the peritoneal cavity, if it depend on utero-gestation, will gradually disappear.

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72. *On the Causes and Treatment of Uterine Hemorrhage, in the latter months of Pregnancy.*—By Robert Lee, M. D.—(*Clinical Midwifery.*)—The placenta may adhere to any part of the inner surface of the uterus, and flooding never takes place during pregnancy, unless the placenta has been separated from the uterus. When the connection between them is destroyed, blood flows from the open arteries in the lining membrane of the uterus, and from the great semilunar-shaped openings in the veins, until the uterus contracts, and coagula of the fibrin are formed. The contractions of the uterus, and the formation of the clots within its cavity, and in the orifices of the arteries and veins of the uterus, after the separation of the placenta, are the principal means employed by nature for arresting the flow of blood. The semilunar or valvular-like edges of the veins at their termination in the inner surface of the uterus, are well adapted to ensure the effect of arresting the current of blood through these passages by the contraction of the fibres with which they are everywhere surrounded. All the different efficient means which have been recommended for checking the discharge in uterine hemorrhage, operate either by exciting contraction of the uterus, or by promoting the coagulation of the blood itself within the vessels. The placenta is most frequently attached to the upper and posterior part of the uterus, but in some cases it adheres to the circumference of the internal orifice,

the dose of from two to four ounces, produced a considerable and rapid diminution of the hemorrhage, and in some cases a complete cessation of it after a single dose. The reporter is of opinion that this remedy formerly used, but which has fallen into disuse, is worthy of further trials.—*Gaz. Méd. de Paris*, 27th July, 1844.

70. *Prolapsed Uterus—Pregnancy.*—Dr. P. Darbey, of Drogheda, has communicated to the *Dublin Medical Press*, (Nov. 6, 1844,) the case of a woman forty-two years of age, who, having had *prolapsus uteri* for some years, and being now for the seventh time pregnant, was suddenly seized on the 23d August, with labour pains. On examination, Dr. D. found, on his arrival, the uterus lying between the patient's thighs, presenting a livid appearance, and the os uteri having a dry feel, and no symptoms of dilatation. The labour pains were strong, violent cramps in the lower extremities. Dr. D. immediately took thirty ounces of blood from the arm, and administered the following draught: ℞ aq. menth. sativa, ℥iss.; tinct. opii. acetat. gtt. 4; syrup cort. aurant. ℥ij.—M.; which procured some rest, and appeared to have checked the cramps and other bad symptoms. After a comfortable repose of two hours, labour pains returned, the os uteri gradually and steadily dilated, with a sufficiency of mucous secretion, and a healthy but small-sized child was born. The placenta followed after a short time, and the uterus being replaced and suitably secured, nothing untoward followed.

A similar case is noticed in our number for July last, p. 257; but in that incisions were made into the os uteri to effect delivery.]

71. *Dropsy of the Amnion.*—Dr. Robert Lee relates in his "*Clinical Midwifery*" seven cases of dropsy of the amnion, in five of which there was some mal-formed or diseased condition of the fœtus or its involucra, which rendered it incapable of supporting life subsequent to birth, and the same circumstance has been observed in most of the cases which have been recorded by authors. In two only of the cases was the formation of an excessive quantity of liquor amnii accompanied with inflammatory and dropsical symptoms in the mother; and in none did the amnion, where an opportunity occurred for making an examination, exhibit those morbid appearances produced by inflammation, which M. Mercier has described, and which led him to infer that inflammation of the amnion is the essential cause of the disease. When unconnected with a dropsical diathesis in the mother, Dr. L. was disposed to consider it merely as one of the numerous diseases of the fœtus and its appendages which sometimes occur independently of any constitutional disorder in the parents, and with the causes of which we are wholly unacquainted. The diagnosis of dropsy of the amnion is, Dr. L. observes, most difficult in the simple form of the disease, where the effusion has taken place to a great extent, and when complicated with ascites. In both these cases, fluctuation more or less distinct can be perceived on percussion of the abdomen, but we can obtain from this sign no positive information, to enable us to determine whether the fluid be contained in the cavity of the peritoneum, amnion, or in both these membranes. In the simple form of dropsy of the amnion, where the quantity of fluid is not excessively great, the fluctuation is obscure, deep-seated, or wholly imperceptible. The presence or absence of fluctuation is, therefore, no certain test of the existence of the disease, and the only mode of arriving at a correct diagnosis, both in its simple and complicated forms, is by instituting an examination per vaginam. By this proceeding we shall not only be able to ascertain the changes in the uterus consequent on impregnation, but the accumulation of a preternatural quantity of fluid in the membranes of the ovum. This latter circumstance is known by the unnatural enlargement of the body of the uterus, by the state of its cervix, which is prematurely obliterated, by the ballottement of the fœtus, which is remarkably distinct, and by the sense of fluctuation in the vagina on percussion of the abdomen. In ascites complicated with pregnancy, Scarpa has observed in his memoir on this subject, published

tory of his last case of uterine hæmorrhage, (1731,) "before I proceed to give any further account of the delivery, to give my opinion in a point of midwifery in which I differ from most authors that have wrote on the subject. It is generally believed that the ovum, after its impregnation and separation from the ovarium, and its passage through the tuba Fallopiana always adheres and is fixed after some time to the fundus uteri; in this case the placenta adhered, and was fixed close to and round about the cervix uteri, as I have found it in many other cases, so that upon a dilatation of the os uteri a separation has always followed, and hence a flooding naturally ensues." "When I had passed my whole hand into the uterus, I found the placenta adhering all round the os internum, so that I was forced to separate it on one side to reach the membranes, which I tore." "The edge or middle of the placenta," says Smellie, "sometimes adheres over the inside of the os internum, which frequently begins to open several weeks before the full time, and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered. The discharge may, indeed, be terminated by coagulum that stop up the passage; but when these are removed, it returns with its former violence, and demands the same treatment that is recommended above." "If in time of flooding," he adds, "she is seized with labour pains, or if by every now and then stretching with your fingers the os internum, you bring on labour, by which either the membranes or head of the child is pushed down, and opens the os internum, the membranes ought to be broke, so that some of the waters may be discharged, and the uterus may contract and squeeze down the fœtus. This may be done sooner in those women who have had children formerly, than in such as have not been in labour before. If, notwithstanding this expedient, the flooding still continues, and the child is not like to be soon delivered, it must be turned immediately; or if the head is in the pelvis, delivered with the forceps: but if neither of these two methods will succeed, on account of the narrowness of the pelvis or the bigness of the head, this last must be opened and delivered with the crotchet. In all these cases let the parts be dilated slowly, and by intervals, in order to prevent laceration." These are the most clear, concise, and accurate rules which have been laid down by any author, for the treatment of hemorrhage in the latter months of pregnancy, and in the first stage of labour.

Dr. Lee relates thirty-five cases of placental presentation, in seven of which death took place "soon after delivery from loss of blood, and in six, at periods more or less remote from the time of delivery by uterine phlebitis, or inflammation of the deep structures of the uterus. In one with distorted pelvis the uterus was lacerated. In eleven there had been more or less rigidity of the os uteri, with dangerous hemorrhage, and turning was performed in several of them, where the whole hand could not be introduced into the uterus. The tampon or plug was not beneficial in any of them, and the ergot did positive injury. Rest in the recumbent position, and the application of cold, were the only means found really useful in checking the hemorrhage till delivery could be effected. Dr. Joseph Clarke met with four cases of placental presentation in the Dublin Lying-in Hospital, one of which proved fatal. Dr. Collins met with eleven in 16,654 labours. Two of the women, where the children were turned, died. Dr. Ramsbotham has related nineteen cases of placental presentation, eight of which proved fatal. In five the placenta was only partially adhered to the cervix, and in three the expulsion of the placenta took place before the child. Out of one hundred and seventy-four cases of placental presentation recorded by different authors, Dr. Churchill states, that forty-eight proved fatal, or nearly one in three, and that in eighty-five cases of uterine hemorrhage where the placenta was at the fundus uteri, twenty-four proved fatal, or nearly one in three."

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73. *Retained Placenta.*—Dr. Robert Lee has recorded in his *Clinical Midwifery* the histories of seven fatal cases of retained placenta, and nineteen in which more or less difficulty and danger were produced from portions of the placenta

and from this peculiar situation of the placenta, arises one of the most dangerous varieties of flooding in the latter months of gestation.

In 1609, Guillemeau stated that the placenta sometimes presents or comes before the child, that this gives rise to a dangerous hemorrhage which nature is unable to suppress, and that the most safe and expedient means of arresting it, is to deliver immediately by passing up the hand into the uterus and turning the child. He has made no observation from which it can be inferred that he believed the placenta to have been originally adherent to the upper part of the uterus, and to have descended thence to the cervix. This was an erroneous hypothetical opinion adopted by Daventer at a much later period. In those cases of uterine hemorrhage in which the placenta did not present, but had been detached from the fundus uteri, Guillemeau had likewise recourse to artificial delivery, and for the knowledge of this practice he states that he was indebted to Ambrose Paré. The symptoms and treatment of cases of placental presentation were accurately described by Mauriceau, and in all cases of hemorrhage from this cause he recommends immediate delivery. He has related seventeen cases of uterine hemorrhage in the latter months of pregnancy from presentation of the placenta, and in sixteen of these delivery was accomplished artificially by passing the hand through the opening formed by the separation of the placenta from the uterus, rupturing the membranes, and turning the child. Two women died after this operation, and one who would not consent to have it performed, died undelivered. Mauriceau has likewise recorded the histories of thirty-seven cases of uterine hemorrhage, in which the placenta did not present, but had adhered to the upper part of the uterus, and been afterwards detached. Twenty-one of these cases occurred before 1682, and in most of them he delivered artificially by turning the child, as he had done in the sixteen cases of placental presentation, and as Paré and Guillemeau were accustomed to do in all cases of flooding in the latter months of pregnancy. On the 9th June, 1682, he says, "I delivered a young woman in the eighth month of pregnancy who had uterine hemorrhage caused by a violent fall upon the knees four days before. During her whole labour she had only slight pains in the abdomen which produced no effect. As the hemorrhage was moderate, and the uterus was gradually dilating, I committed the labour to nature, contenting myself with rupturing the membranes of the child." There is no account given of the circumstances which induced him to make this important change in the treatment of cases in which the placenta did not present, and to adopt that improved method of treatment which was at a later period so strongly recommended by Puzos, and considered by him as his own discovery. In eight cases Mauriceau ruptured the membranes and left the labour to nature with the happiest results. He recommends the same practice when hemorrhage occurs in the first stage of labour.

Portal's Treatise, 1685, contains an account of eight cases of uterine hemorrhage, in which he found the placenta not merely at the mouth of the womb, but adhering to the whole neck of the uterus. In several of these cases he felt the placenta adhering all round to the internal orifice of the uterus. In the account of his sixty-ninth case he says, "Je sentis l'arriere faix, qui se presentoit, et qui estoit fort adherant, et attaché à l'orifice de la matrice de toutes parts." In the histories of all the other cases, the same circumstance is expressly stated. In those cases the treatment employed by Portal did not differ from that which had been employed by Paré, Guillemeau, and Mauriceau, the propriety of artificial delivery by turning being then as completely established as at the present time, and the important fact demonstrated that the hemorrhage is produced by the placenta adhering to the neck of the uterus. Petit, Giffard, Ræderer, Smellie, Levret, and W. Hunter, were all well acquainted with the fact, and deduced from it the correct practical inferences deduced from it. Dr. Rigby states that "Giffard has more than twenty cases where the placenta was found at the os uteri, but he plainly supposes that it had not been originally fixed there, for he says, 'It is customary in floodings to find the placenta sunk down to the mouth of the womb.'" "I beg leave," says Giffard, in the his-

or the entire mass being left within the uterus beyond the usual period. The best method he says of preventing the occurrence of similar accidents, is to apply the binder immediately after the birth of the child, to make pressure with the hand over the fundus uteri at short intervals, and slight traction upon the cord downward and backward in the direction of the hollow of the sacrum. By these means the upper part of the uterus usually goes on contracting till the placenta is detached, and pressed down through the os uteri into the vagina. In all cases, whatever the cause of the retention may be, if the placenta at the end of an hour is not detached from the uterus and expelled, it should be withdrawn artificially by passing the hand along the cord to its insertion, expanding the fingers, and grasping the whole mass, or as much as can be seized and brought away. The difficulty of removing portions of placenta, adhering with more than the natural firmness to the uterus, is only increased by delay.

74. *Diagnosis of Inverted Uterus and Polypus.* By M. Lisfranc.—In inversion of the uterus, the bladder and a portion of the intestines are lodged in the concavity formed by the depression of its fundus; if, then, a curved catheter is passed into the bladder with its concavity downwards, and its beak is directed to the most depending part of this organ, the extremity of the instrument will be readily felt by the finger in the vagina, if the case is one of inversion, unless, indeed, the intestines have become adherent to the womb in such a way as to prevent the catheter penetrating into the depression formed by the inverted organ—a circumstance of very rare occurrence. M. Lisfranc thinks, however, that the best way of discriminating between polypus and inversion of the uterus, is to seize and depress the tumour with two fingers passed into the vagina, and then introduce the index-finger of the other hand into the rectum; no tumour can be felt through the gut above the one which is grasped in the vagina, if the case is one of inverted uterus; but if, on the contrary, we feel through the rectum a second tumour, similar in shape to the uterus, above the vaginal tumour, then this latter tumour is a polypus. In one instance, indeed, M. Lisfranc was misled by this mode of examination; he diagnosticated inversion of the uterus, but the patient having died, a small fibrous tumour was discovered implanted on the uterus, which was flattened and reduced to the tenth part of its natural size.—*B. & F. Med. Rev.*, July, 1844.

75. *Statistics of Obstetric Practice.* By Prof. Murphy.—1. *Menstruation.*—Dr. Murphy has ascertained *the age* at which this function commenced in 559 individuals. This inquiry has been already pursued in 450 instances by Mr. Robertson, and in 1160 by Dr. Lee. A total of 2169 cases shows,

"That there is a great variety in the age at which the catamenia first appears; 9 years [14 cases], and 23 years [1], seem to be the extremes, the most frequent period of its occurrence is between the ages of 12 and 18: and of those recorded, it commenced, in the greatest number of instances [417], at 15."

The interval of the catamenial function was recorded in 591 cases by the author, and by Mr. Robertson in 100. In 557 of those cases the interval was found to be 28 days; in 105 it was 21 days; and in the remaining 29 it was irregular, varying from 14 days to 42. It should be observed, that Dr. Murphy's inquiries were addressed to pregnant females, in whom probably the menstrual period would be found to have been more regular than in the same number of females taken indiscriminately.

2. *Pregnancy.*—Its duration was made by the author the principal subject of inquiry; some curious and useful facts are the result. The number of cases in which accurate information was procured was 186; in each the catamenial period was noticed; and

"To prevent error arising from uncertainty as to the exact date of conception, this interval was deducted from the whole number of days of pregnancy; thus, 328—28 would make the duration of pregnancy 300 days."

The results thus ascertained establish 301 *days as the average limit of gestation.* To this there are, however, three remarkable exceptions. In the first, a fully developed child was born after an interval of 261 days. The evidence in this instance, (an unmarried female, stating herself to be pregnant after one connection,) is not to be wholly relied on. In two other cases the duration of pregnancy extended to 342 and 352 days, or, deducting the menstrual period, to 324 and 314 days respectively. The histories of those cases given in detail are such as to lead to the conclusion that pregnancy may be prolonged to this extended period—a fact of great importance to the medical jurist. The relation of pregnancy to previous menstruation is referred to, and some exceptional cases are recorded. Thus, in one instance, pregnancy occurred without previous menstruation; in another, menstruation ceased on marriage, and in a few cases periodic discharges resembling the catamenia were present during pregnancy.

A remarkable coincidence between the periods of human gestation and those of the cow, as deduced from the tables drawn up by Lord Spencer, some valuable practical points connected with the use of instruments, the treatment of hemorrhage, and the origin of puerperal fever, remain to be noticed.—*Lancet*, Nov. 30, 1844, from *Dublin Journal.*

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

76. *Arsenic in the Earth of Cemeteries.*—Ollivier D'Angers communicated the following to the Royal Academy of Medicine in July, 1844.

He was directed, with Barse and Devergie, to analyze the viscera of two persons supposed to be poisoned. The case occurred at the Court of Assizes of Epinal, (Vosges.) A husband and wife had died, as was supposed, through the criminal acts of their respective partners. A chemical examination, by the experts of Epinal, showed no arsenic in the organs of the female, but it was found in the stomach and intestines of the male. Doubts were thrown on the correctness of the analysis, and the case was carried to another term of the court.

When the body of the female was reinterred, after the first exhumation, a heavy rain was falling, and it slipped from the hands of the grave-digger. It could not be replaced in the coffin, but was covered with the earth of the cemetery. The body of the male was, however, put into its coffin.

The bodies of both were dug up a second time, and the viscera sent to Paris, to be examined by Ollivier and his associates. In those of the female, although thoroughly exposed to the solvent power of water, percolating through the earth of the graveyard, no arsenic could now be detected, but it was readily attained on analyzing the liver of the male. *The earth of the graveyard proved to be arsenical.* Our author deems this a strong confirmation of the opinion advanced by Orfila, viz., that it exists in these situations in combinations insoluble in water, thence that a body, buried in arsenical ground, cannot become impregnated by that substance.

Still, if decay be so far advanced, that the body has become intimately mixed with the earth, it will be prudent in the medical examiner not to sanction too readily the charge of poisoning.

As to the cause of the presence of arsenic in these situations, it may be that the earth is naturally arsenical, or it may have been mixed with it in the sowing of grain, and which is a common practice in France. The combination found was probably an arsenite of lime.—*Bulletin de l'Academie Royale de Médecine.*

T. R. B.

77. *Aconitum Napellus*, (*Monkshood.*)—Case by A. Ramsay.

At about 11 A. M., a boy aged fourteen, on passing a garden, looked over the wall, and asked a young man in the garden if he would give him some parsley; to which it was answered that he would get some new parsley, as being much

better than the old kind. The young man accordingly gave the boy a handful of green leaves, of which he ate some. In about two hours after he complained of a burning sensation in the mouth, throat and stomach, and was very sick For this his mother made him take a glass of whisky. Some time after this he took a fit and fell on the ground; at 6 P.M., on his mother returning from her work, she found him lying across the bed, with his hands in his pockets, dead and stiffening. The blood-vessels within the head were found enormously distended with dark-coloured fluid blood, upwards of a pound of which escaped from the skull and spinal canal. The stomach was empty, with a deep inflammatory blush over its whole internal surface, and here and there patches of a darker colour. Farther dissection was not allowed.—*Medico-Chirurgical Review*, July, 1844, from *Northern Journal of Medicine*. T. R. B.

78. *Poisoning by Euphorbia Lathyris.*—By M. Jacob. An individual was suddenly seized with violent vomiting and bloody stools. He had no medical attendance during the first two days, and the physician called in had no suspicion of poisoning. The patient died at the end of three days. The stomach and intestines presented no decisive appearances, and Drs. Jacob and Lémoine, who had been appointed by the authorities to make the necessary inquiry, proceeded to an analysis of the solid parts. A portion of the liver, a kidney, and half of the stomach, and large intestines were submitted to a prolonged decoction in a close vessel. The liquor arising, when freed from fat by cooling and decantation, was of a deep yellow, opalescent, and powerfully reddened litmus. It was concentrated at a gentle heat, divided into several portions, and tested for the principal mineral poisons. Sulphuretted hydrogen gave slowly a very scanty yellow precipitate—not sensibly soluble in water; lime water a white precipitate; nitrate of silver a very abundant yellow one, partially soluble in ammonia; and ammoniacal sulphate of copper a green coloration of the liquor in a quarter of an hour, and subsequently a precipitate of the same colour. As all these precipitates had the colour of those produced by arsenic with the same reagents, they next proceeded to determine their nature, and the result of numerous experiments showed the presence of sulphur, and a small quantity of animal matter, *without the slightest trace of arsenic*. It further demonstrated (says Dr. Jacob,) that the yellow precipitate furnished by nitrate of silver was produced by a mixture of chloride of silver and phosphate of the same base, whence its incomplete solubility in ammonia; also, that the green coloration and precipitate by the copper must be attributed, the former to the mixture of the reagent with the yellow liquor, the latter to a small quantity of animal matter coloured by the liquid.

The physicians next tested the liquid for the principal vegetable poisons, viz., strychnine, brucine, morphine, and prussic acid, but could discover no indications of any of these.

The prosecution was thus necessarily abandoned, but the scandalous conduct of the accused, the widow, again excited public attention, and caused renewed investigations. And from these it appears almost certain that the deceased was poisoned by the *Euphorbia Lathyris*. She bruised the seed, and administered it in wine to her husband, and he, although drunk, refused for a time to drink it, saying that it burnt his body.—*Chemist*, from *Journal de Chimie Médicale*. T. R. B.

79. *Rupture of the Omentum.*—A hussar felt, as he said, "a crack in the breast," as his horse came to the ground, after taking a leap. Next day he complained of pain under the short ribs of the left side—he had cough, with bloody expectoration, and swelling, as well as pain of the left hypochondrium. The bowels were obstinately confined, the urine scanty and high-coloured; the pulse very small and rapid. Things went on from bad to worse, and the patient died early next morning. On examining the body, a rent in the omentum, to the left side, and one inch and a half long, together with five ounces of bloody effusion

within the cavity of the abdomen, were discovered. The lungs appeared quite healthy.—*Dr. Derner* in *Casper's Wochenschrift, London Medical Gazette.*

T. R. B.

80. *Lisfranc's opinion on some Disputed Points in Obstetrical Medical Jurisprudence.*

Moles.—M. Lisfranc has no doubt, if the embryo dies, it may become extremely atrophied or even disappear entirely, while the placenta, which still retains its connection with the uterus, may increase and become altered in its structure. He believes that moles are sometimes thus formed as he has dissected several wombs which contained placenta in which not a vestige of an embryo could be discovered. But he is also of opinion that moles may be formed independently of conception or sexual connection, and he then attributes their origin to coagula of blood which have become organized. Thus he has seen females long affected with menorrhagia, during which they abstained from sexual intercourse, subsequently void moles, and, on dissecting a young girl who died from the consequences of imperforate vagina, he discovered a mole in the uterus.

M. Lisfranc discusses the circumstances that have been supposed to distinguish moles from pregnancy, and comes to the conclusion that the diagnosis of the former affection is difficult, or, more properly speaking, impossible; the utmost that can be done is to calculate probabilities after having carefully weighed all the symptoms.

When the mole is expelled, the lochia flow and the breasts swell, and are supplied with milk usually just as after labour.

Physometra, or Tympanitis of the Womb, arising either from the entrance of atmospheric air, or dilatation of the uterus by elastic fluids, (sulphuretted hydrogen, it is supposed,) generated during the decomposition of organic matter, such as a fœtus or placenta, or finally, from an excretion of gas from the internal surface of the uterus. From whatever cause it may originate, M. Lisfranc is a believer in the occasional occurrence of this disease.

Hydrometra, or Dropsy of Uterus.—Naegele and Stolz deny the possibility of the occurrence of this disease, except in connection with pregnancy, because the uterus is a mucous and not a serous membrane—because its dense structure would present an insurmountable obstacle to its dilatation by the fluid—because the fluid would escape, and because, as they allege, no authentic case of the disease has yet been recorded.

M. Lisfranc details two cases of hydrometra, in both of which the absence of pregnancy was satisfactorily ascertained.

Hydatids of the Uterus and Vagina.—The great majority of writers maintain that hydatids of the uterus must be the result of conception. M. Lisfranc admits that the clustered hydatids, somewhat resembling a bunch of grapes, has always this origin, but that true hydatids may exist in the virgin uterus, and refers to a case recorded by Percy as indisputably proving this fact.—*British & Foreign Med. Review*, July, 1844.

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81. *Hereditary Insanity, how far, in cases of alleged unsoundness of mind, it may be pleaded.*—Sir Thomas Apreece died on the 30th of December, 1842. Certain papers were propounded as containing his last will and testament. Probate of these papers was opposed by Mrs. Peacocke, the sister and sole next of kin, on the ground that the deceased was not, at the time of executing these papers, of sound mind. In the allegation it was pleaded, that the said Sir Thomas Apreece left him surviving,—Thomas Apreece and William Apreece, natural sons of the late Charles Apreece, (who was the paternal uncle of the testator,) both of whom were under confinement as lunatics, as was also the late John Apreece, another paternal uncle of the testator, and who died under such confinement.

The admission of this article was opposed by counsel, on the ground that hereditary or constitutional insanity cannot be adduced as evidence of indi-

Mason and Dawson, the physicians professionally attending one of the parties, to institute an inquiry into the matter; for which purpose, Dr. Venables was requested to undertake and assist in the investigation. The report is so far satisfactory, inasmuch as it negatives the presence of copper in any form, the analysis showing that the water did not afford even a trace. A specimen, taken from an *iron tank*, in which it was kept on board the vessel, held a large proportion of *peroxide* or *rust* of iron in mechanical diffusion. The peroxide, it is observed, was evidently derived from the rusting of the tank, and diffused through the water, when agitated or disturbed; otherwise, it was found tolerably pure and wholesome, free from any bad taste or smell, slightly acidulated with carbonic acid, and probably holding a trace of iron in solution.

Some very useful observations upon the danger of using water kept in copper vessels follow. It is stated, that copper is not readily attacked by pure water, but, under the joint influence of air and moisture, it is corroded. By agitation, this crust becomes detached and is diffused through the water. A fresh portion undergoes the same process, and, by a succession of corrosions, the water has become strongly impregnated with a poisonous form of copper, which, by the agitation of the water in the tanks, communicated by the motions of the ship, will be mechanically diffused, and persons drinking it almost to a certainty be poisoned. During cooking, too, the insoluble oxide may be rendered soluble, and thus converted into a still more active and speedy poison. Hence the propriety of doing away with copper tanks, if in use, and their replacement by others of a less delcterious nature, are strongly urged.—*London Atlas*, Oct. 26, 1844. T. R. B.

84. *Trial for Murder.*—William Crouch was a groom, 28 years of age. No details of his life or character are known prior to 1838. In December of that year, he was thrown against a wall and received a concussion of the brain. He was taken into the Devon and Exeter Hospital in a state of insensibility and according to the evidence of Mr. Tuffnell, under whose care he was for about a month, remained so for some time. He was treated for this disease and repeatedly bled. Mr. Tuffnell states, that on his recovery he advised his master not to take him back again, as he considered that from the injury he had received, the slightest drink might so affect his brain, as to render him incapable of taking care of a pair of horses.

Several witnesses deposed as to his condition after the above occurrence. He was frequently dull and absent, having formerly been of a cheerful turn of mind. He avoided society—and was known to sit for hours without speaking. In August, 1839, he became a servant to Lord Falmouth, and was discharged in January, 1840. A witness states, that he never heard him converse with a single servant during that period. He was asleep half his time, and was called the half-cracked man. In January, 1844, the prisoner came as waiter and post-boy at the Crown and Thistle tavern, in London. The landlord deposes, that he was incapable of performing these duties, and that he could never make him understand any thing. Crouch was always drowsy and heavy, and at last it was necessary to discharge him. He was willing to do his work, but was unable. On the day of the death of his wife, he was at the tavern and took something to drink, (a pint of porter.) He seemed somewhat wild when he came in; he became a little calmer, and then again excited. He left about half-past three o'clock.

Such are all the facts known concerning his previous life—no insane delusions, but dull, stupid, heavy.

The prisoner and his wife had come to their last residence in September, 1843. They had been separated from each other for about a fortnight, but she used to come and see him. They had one child, about nine months old, of which the prisoner appeared very fond.

On the afternoon (March 30, 1844) when he committed the murder, his landlady states that he was seen by her for a few minutes, when he left and returned in about an hour, when he had the appearance of a drunken man.

vidual or particular insanity; that its admission would lead to the extension of proof through a great number of collateral relations, and thus many causes would be tried instead of one.

It was defended on the general ground that an inquiry is allowable, as to whether the family of the deceased was subject to mental insanity.

Sir Herbert Jenner Fust, the judge before whom the case was argued, observed, that "if the present plea be admitted, there must be an opportunity afforded to counter-plead; evidence may be gone into, on the one hand, to show that there is insanity on the father's side and none on the mother's; on the other, that the insanity is inherited solely from the mother and the case may branch out into various collateral matters and issues. In *Tyrell* v. *Jenner*, the party whose insanity was pleaded, was a sister of the whole blood, immediately and inseparably connected with the testator; here, to put the case at the highest, the parties are only collateral kinsmen. Where is the court to stop? What is the degree of relationship to which this hereditary malady is to be limited in pleading, if the court once extends the principle to collateral relations? If in this case, it had simply been pleaded that a brother of the deceased had been insane, so far the case of Tyrell v. Jenner and the present case would have been identical, except, indeed, that the former case extended the principle to the son of the party. Here, it is sought to enlarge the principle to the natural children of the uncle of the deceased. I think, in this respect, the two cases materially differ, and I will not carry the principle established by that one case farther than the case itself warrants."

This article must be struck out of the allegation. *Curteis' Ecclesiastical Reports*, vol. 3. *Frere* v. *Peacocke*.

The above is doubtless good law, but—what is sauce for the goose should be sauce for the gander; and if so, the principle is justly applicable in *criminal* as well as in *civil* cases. T. R. B.

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82. *Relative Weight and Size of the Male and Female at Birth.* By Dr. Simpson, Professor of Midwifery, Edinburgh.—Dr. Clarke (Philosophical Transactions, 1786) gave the absolute and relative weight of 60 of each sex, taken at the Dublin Hospital:*

60 Males weighed 442 lbs.; average 7 lbs. 5 oz. 2 dr.
60 Females weighed 404½ lbs.; average 6 lbs. 11 oz. 2 dr.
Average difference, 9 ounces.

In the Edinburgh Lying-in Hospital, 50 male and 50 female children, born during the latter months of 1842 and the ealier part of 1843, were weighed by my friend and assistant, Dr. Johnstone:

50 Males weighed 383 lbs. 11 oz. 4 dr.; average 7 lbs. 9 oz. 1 dr.
50 Females weighed 342 lbs. 12 oz. 4 dr.; average 6 lbs. 12 oz.
Average difference, about 10 ounces.

Lengths of the above—

50 Males, total length 1020½ inches; average 20 inches 5 lines.
50 Females, total length 990½ inches; average 19 inches 10 lines.
Average difference, 7 lines, or upwards of half an inch.

—*Edin. Med. and Surg. Journ.*, Oct., 1844. T. R. B.

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83. *Copper Tanks at St. Helena.*—Some letters lately appeared in the *Times*, stating that the water supplied to the India ships touching at St. Helena, contracted poisonous qualities, by being kept for a long time in tanks of copper. Some of the passengers and crew of the "Moffatt," from Bombay, having been seized with severe symptoms and of a suspicious character, the symptoms were attributed to the water being poisoned as above. This induced Messrs.

* The Troy or Apothecaries' weight was there used.

MISCELLANEOUS.

87. *Obituary.*—Died, suddenly, at Edinburgh, Nov. 14th, Dr. John Abercrombie.

Dr. A. was the son of the late Rev. Mr. Abercrombie, one of the ministers of Aberdeen. He took his degree at Edinburgh on the 4th of June, 1803, writing for his Thesis, "*De fatuitate Alpina.*" After studying in London for six months, he became a fellow of the Royal College of Surgeons, Edinburgh, and settled in that city. At this period Drs. Gregory and Monro Saunders were in full practice as consulting physicians. Dr. Abercrombie commenced as a general practitioner, but from the first he succeeded in gaining, to a remarkable extent, the confidence of the public. His success is said to have been owing to the assiduous attention he paid his patients. This he carried to an extent previously unknown, frequently visiting them three or four times a day. His unusual success created many rivals and enemies: these he disarmed, and even, ultimately, converted into friends, by the inoffensiveness of his conduct, and frequently by practising the Christian doctrine he professed, of returning good for evil. In 1808, he married a lady of considerable fortune, which enabled him to keep his carriage. In 1806 he made his first communication to our respected cotemporary, *The Edinburgh Medical and Surgical Journal*, entitled, "A Case of Cynanche Laryngea." It is inserted in the 12th volume of that periodical. In the pages of its subsequent numbers he became a frequent contributor, and they will be found to contain most of the cases and observations which he afterwards embodied in his well-known works on the Pathology of the Brain and Abdominal Organs.

On the death of Dr. Gregory, in 1821, he became a candidate for the chair of physic, held by that distinguished physician. Dr. James Home, however, at that time very popular as a professor of materia medica, was translated to the chair of physic, and was succeeded by the late Dr. Duncan. Dr. Abercrombie now joined the Royal College of Physicians, and gradually became the first consulting physician in the Scottish metropolis. In this capacity he acquired an extent of practice and public confidence which distanced all competitors.

Notwithstanding the harassing nature of his avocations, the contributions of Dr. Abercrombie to medical literature were numerous and important. In 1820, appeared his *Researches on the Pathology of the Intestinal Canal.* In 1828 was published his celebrated work, entitled, *On Diseases of the Brain and Spinal Cord.* It has been translated into most of the European languages, and has gone through three English editions. This was followed by an enlargement of his work *On the Intestinal Canal*, called *On Diseases of the Abdominal Viscera*, of which a second edition was required in 1830. In this year, also, he gave the public a book *On the Intellectual Powers and the Investigation of Truth*, of which popular work several editions have been published. This was followed, in 1832, by *Suggestions on the Malignant Cholera*, and in 1833, by *The Philosophy of the Moral Feelings.*

In 1835, Dr. Abercrombie was elected Lord Rector of Marêchal College and University, Aberdeen, and published his Inaugural Address, which afterwards appeared in an enlarged form, under the title of "Culture and Discipline of the Mind." In 1834, the University of Oxford conferred upon him the degree of M. D., and he was elected one of the vice-presidents of the Royal Society of Edinburgh.

In 1841, Dr. Abercrombie had an attack of paralysis, from which, however, he soon recovered, and resumed the active duties of his profession. His health remained good up to the moment of his decease. On Thursday, November 14, 1844, after eating a hearty breakfast, he was preparing to go out, as usual. The carriage was at the door, but as he remained longer than usual, a servant entered his private room, and found him lying on his face, dead.

She told him that he had been drinking, which he denied. He sat down on a chair and said, "it must be done." She asked what must be done. He repeated the words three or four times and then fell asleep. At the end of half an hour she awoke him, and told him that his clean clothes had been brought home. He replied, that he should never want them. After some other observations, as to the neglect of his wife, he again left. At about twenty minutes before seven, he returned to his room, asked a person on the stairs whether his wife was there, and almost immediately thereafter she heard a little girl, who was in the room, screech. On entering, the deceased was seen lying in a reclining position by the side of the wainscoting, with her throat cut and dying. He was standing against the chest of drawers and wiping a razor. On expostulating with him, he said, "I have done it and I could not help it." To the constable who arrested him, he said, "it serves her right, she should not have left me."

He was thus evidently jealous—and appears also to have been irritated at her not mending his things. He had threatened, some time previous to the murder, to beat her or cut her throat.

He made a feeble attempt to cut his own throat immediately after the murder.

The day after the murder, he was crying very much and wished he was dead. He asked also to see his child.

An attempt was made to release the prisoner from his sentence, on the ground of being a monomaniac, but without success.—*Lancet*, June 8, 1844.

T. R. B.

85. *Case of Suicide.*—On Saturday, a chaise-boy, at Covincester, in the employ of Mr. Stevens, of the Ram Hotel, went into a stable, belonging to his master, and cut his throat with a razor. He cut the windpipe quite through, and *walked to his home, at least three hundred yards.* One of the neighbours met him in the yard, and asked what was the matter with him. He said he had cut his throat with a razor, and she then took and seated him in a chair, and, at his request, fetched him some water, which he drank, some of it running out of the wound. He died within five minutes after the time that he had first entered her house.—*London Illustrated News*, August 24, 1844. T. R. B.

86. *Recent English Law Cases. The Queen* v. *Sophia Wilshaw.*—The prisoner was indicted for stealing money, the property of Joseph Wood, her master. A surgeon deposed as follows; "I am a surgeon; I know Mr. Joseph Wood; he is 85; he is quite infirm and bedridden; he can sit on the side of his bed when he is lifted out; he is not able to bear a journey to the assizes, and I think it is not likely that he ever will be so." The counsel for the prosecution proposed on this, to give in evidence the deposition of the prosecutor, taken before the committing magistrate, in the presence of the prisoner; and this was allowed by the court. The prisoner was acquitted on the merits.—1 *Carrington and Marshman's Nisi Prius Reports*, 145.

The Queen v. *Marshall.*—Indictment for night poaching. One of the witnesses had made a deposition in the presence of the defendant, but was now ill. Dr. Knight was called. He said, "I am a physician; William Richards has been under my care; he has been suffering from delirium and depression of spirits, in consequence of a blow on the head; his intellects are affected by the injury. I think he will recover, but I cannot say how long it may be before he will be well.

Sergeant Ludlow, who tried the cause, (having conferred with Justice Coltman,) said: "Mr. Justice Coltman is of opinion, that if the witness is actually insane, his deposition is not receivable in evidence, although the insanity of the witness may be only temporary." Dr. Knight, in answer to a question of the learned sergeant, said, "I cannot say that Richards is now in a state of insanity."

Ludlow: The deposition cannot be received in evidence.—*Ibid. p.* 147.

T. R. B.